

Proceedings of the

2021

D.C. Health Communication

Conference

Edited by

Adebanke Adebayo and Aayushi Hingle

**PRECONFERENCE
22 APRIL**

**COVID-19: HEALTH
COMMUNICATION
IMPERATIVES AND
CONTRIBUTIONS**



**VIRTUAL CONFERENCE
2021**

**23-24
APRIL
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**PROMOTING EQUITY IN HEALTH
COMMUNICATION RESEARCH**



Funding for DCHC and its partner conference, KCHC, was made possible in part by a grant (R13CA168316) from the National Cancer Institute and the Office of Behavioral and Social Sciences Research. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade name, commercial practices, or organizations imply endorsement by the U.S. Government.

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Jordan Alpert, University of Florida
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Merry Jennifer Markham, University of Florida
Martina Murphy, University of Florida
Christopher Harle, University of Florida
Samantha Paige, University of Florida, doxy.me
Carma Bylund, University of Florida

Background: Patients with cancer and those who receive cancer treatment are often immunocompromised, meaning their immune system is weakened, raising their risk of getting severely sick from COVID-19. The danger of contracting SARS-CoV-2 has caused patients with cancer to be unsure about how to proceed with their cancer care. Alternative methods of communication, such as secure messaging, enable patients to continue correspondence with their oncology team and can serve as a proxy for in-person appointments. Secure messaging is a feature within electronic health records that allows for messages to be asynchronously exchanged between patients and providers. Research has shown that secure messaging supports a continuous patient-provider relationship and facilitates the transmission of additional advice and education. As we expected that more patients and providers rely on secure messaging during the pandemic, the purpose of this study was to categorize the topics and content of conversations.

Methods: Upon receiving IRB approval, de-identified messages between February – May 2020 were extracted from the electronic health record system. Messages were from patients with cancer at least 18 years old, and oncological providers. The individual messages were grouped in the sequence in which they were sent, comprising the entire conversation, which served as the unit of analysis. The research team initially read a sub-set of conversations and performed open coding to develop a preliminary codebook. To refine the codebook, 50 conversations were randomly selected and coded, resulting in 16 unique codes. Next, two rounds of interrater reliability occurred in which 10% (n=154) of the sample were coded. Coders achieved very high levels of agreement in both rounds (Kappa's ranged from 0.742 – 1.0 for each variable). Two coders then independently coded the remaining conversations.

Results: A total of 1,454 conversations were analyzed, but only 26% (n=373) related to COVID-19. Among COVID-19 conversations, patients sending/receiving messages were mostly female (81%), white (78%), with a mean age of 55. Providers were physician assistants (41%), followed by physicians (23%) and nurses (11%). Patients were slightly more likely to initiate the correspondence (53%) than providers (47%). The most frequent category was “changes, adjustments, and re-arranging care” (65%), which consisted of messages related to altering treatment and facilitating care at an alternative site. Automated messages accounted for 36% of the total, primarily sent by physician assistants (93%), which alerted patients about new protocols at the hospital. The “risk for COVID-19” category (24%) included communication about whether a patient may be at higher risk for acquiring the virus due to issues such as compromised immunity. Interestingly, 18% of messages included encouraging and reassuring language, while only 7% pertained to questions about symptoms and testing.

Conclusion: As secure messaging is increasingly relied upon during the pandemic, our study found that secure messaging is mainly being used for changes in care. Specifically, messages served to arrange alternative care and convey information about new procedures in the hospital. Knowing the type of information being communicated during the pandemic can facilitate the creation of standardized messages to ease provider burden and preemptively answer patients' questions.

A Longitudinal Study of an Academic Community's Mental Health during the COVID-19 Pandemic

Kaylee M. Lukacena, Center for Social and Behavioral Science, University of Illinois at Urbana-Champaign; College of Communication and Information, University of Kentucky

Heejun R. Yoon, Department of Psychology, University of Illinois at Urbana-Champaign

Brent W. Roberts, Center for Social and Behavioral Science, Department of Psychology, University of Illinois at Urbana-Champaign

There is a pressing need to understand the impact of the COVID-19 pandemic on the mental health of communities as prior epidemics have consistently led to increased mental health difficulties (Brooks et al., 2020). In response to this need, we sought out to monitor the mental health and well-being of a subset of individuals working, learning, and residing in Urbana-Champaign, Illinois. The University of Illinois at Urbana-Champaign (UIUC) is uniquely situated with regard to COVID-19 as researchers at UIUC (a) developed a novel and effective testing program for detecting COVID-19; and (b) developed a smartphone application to track personal COVID-19 status and providing notifications when potentially exposed to COVID-19. Both innovations were implemented by UIUC to help resume in-person activities on campus for Fall 2020.

A longitudinal assessment of students, faculty and staff, and community members was conducted over the course of the Fall 2020 semester. As part of the larger study, participants (N= 601) completed the initial onboarding questionnaire and then were asked to complete questionnaires on a biweekly basis. The current report provides preliminary analyses (five of eight waves of data collection) with regard to the perceived stress, anxiety, satisfaction with life, perceptions of social support, loneliness, and concerns related to COVID-19 among these three groups over the course of the semester. The data were analyzed using R programming language. Repeated measure ANOVAs and unpaired t-tests were mainly used to compare means between different groups and across waves.

Overall, the student sample remained fairly stressed and at a consistent level throughout the course of the semester, and reported higher levels of stress than the faculty/staff ($d = 0.35$). However, the community members' stress levels fluctuated with the increase of community cases of COVID-19. One important finding is that the students reported being significantly lonelier than faculty/staff ($d = 0.38$) and community members ($d = 0.18$). Students also felt less supported by their social networks than both the faculty/staff ($d = -0.30$) and community members ($d = -0.37$). The faculty/staff and community members reported feeling more supported over time, while levels of perceived social support remained stable for students over time. We plan to explore the open-ended comments to provide context for these differences.

In addition to examining differences between the three groups, we compared this academic community data with data collected by the Understanding America Study (UAS). The UAS is a probability-based online panel of adult US residents. During the pandemic, the UAS launched a high-frequency longitudinal data collection related to the COVID-19. Our preliminary analyses indicate that with regard to mental health, the University and surrounding community reported higher levels of perceived stress and anxiety when compared to the UAS sample.

This study contributes to the greater body of knowledge on mental health during times of a pandemic. The findings yield practical implications for better preparing universities to identify and respond to the mental health and support needs of academic communities.

Assessing communication strategies to address health inequities among Latinx communities in Oregon during COVID-19 pandemic

Kisa Clark, University of Oregon

The COVID-19 pandemic has revealed and heightened issues of health equity among marginalized communities around the nation. In Oregon, COVID-19 is disproportionately impacting the state's Latinx population. Although Latinx represent only around 13% of the state's population, they represent approximately 40% of COVID-19 cases statewide (The COVID Tracking Project, 2020). Since the start of the pandemic earlier this year, there has been concern that Latinx immigrant communities in the state are struggling to access clear information around coronavirus and relying on social media for potentially inaccurate information (Samayoa, 2020). Many in Oregon's Latinx communities are also impacted by meaningful social determinants of health related to employment, documentation status, as well as food and housing insecurity.

In response to these challenges, several Latinx Community Based Organizations (CBOs), including Pinos y Campesinos Unidos del Noroeste (PCUN), CAUSA, Huerto de la Familia, and Centro LatinoAmericano, have been working to inform their communities about COVID-19 and important pandemic related resources. Additionally, they have engaged in significant advocacy work to help address related social and economic factors impacting Latinx community health through demand of legal protections and the development of an Oregon Worker Relief fund. The fund provides financial support through a public-private partnership to assist Oregon families who are ineligible for federal stimulus relief (Oregon Worker Relief Fund, 2020).

The goal of this research project is to assess these recent advocacy strategies to communicate accurate health information to Latinx community members in Oregon as well as communication efforts related to health equity policies and resources through qualitative semi-structured interviews with CBO advocates. Analysis of these communication strategies identify the underlying theories of change and communication shaping health equity interventions for Latinx communities in Oregon including significant culture-centered approaches to health communication and necessary attention to social determinants of health (Dutta, 2008; Wilkinson and Marmot, 2003).

Association between Media Exposure, Emotional Responses, and Intentions to Wear Face Masks During the COVID-19 Pandemic

Yuehan Liu, Georgia State University
Hue Duong, Georgia State University
Soroya McFarlane, University of Georgia
Hoa Nguyen, University of Maryland

The Coronavirus Disease 2019 (COVID-19) has posed a severe public health risk for Americans. To prevent the disease, the Center for Disease Control and Prevention (2020) recommends that people wear masks to halt its transmission. However, wearing masks is new and voluntary behavior for many Americans. In the early stages of the outbreak, individuals' behavior can be strongly driven by emotional reactions to health risks. The research found that such specific negative emotions as fear, anxiety, and anger are salient in an outbreak (Lwin et al., 2020; Yang et al., 2018). The appraisal-tendency framework (ATF) proposes that emotions are linked to appraisal themes that influence the way individuals appraise a health risk (Lerner & Keltner, 2000; 2001). The ATF further postulates that fear and anxiety are associated with high uncertainty and low situational control and likely predict the perception of a health threat as more imminent and critical. Anger is associated with certainty and control of a health risk, which tends to motivate individuals to focus on others' responsibility with the health risk. Thus, angry individuals view a health risk with optimistic mindsets and are confident in controlling the risk compared to fearful and anxious individuals (Yang & Chu, 2018). Additionally, research has found that exposure to media messages about infectious diseases can elicit fear, anxiety, and anger (Thompson et al., 2017; Odlum, & Yoon, 2018).

Guided by the ATF, this study investigated the relationships between exposure to media news reporting COVID-19, fear, anxiety, anger, risk perception, and intentions to wear face masks. The purpose of this study is to test a model predicting how and why Americans adopt or reject mask-wearing behavior in the early stages of the COVID-19 outbreak. Because mainstream media and social media have different degrees of affordances and interactivity (Garfin et al., 2020), the two media sources are also separately assessed for insights into their possible effects on relevant emotions.

A cross-sectional online survey was conducted with 590 Americans recruited via Amazon Mechanical Turk in mid-April 2020. Structural equation modeling showed that while mainstream media predicted fear, anxiety, and anger ($p < .01$), social media did not ($p > .05$). Fear and anxiety were positively associated with risk perception, which increased intentions to wear masks ($p < .01$). Anger was negatively associated with risk perception, which reduced intentions to wear masks ($p < .01$). Additionally, mediation analyses showed an indirect and positive association between mainstream media exposure and intentions to wear masks through fear and risk perception, and anxiety and risk perception. Results also revealed an indirect and negative association between mainstream media exposure and intentions to wear masks through anger and risk perception.

The results of our study provided support for the utility of the ATF in a novel context of the COVID-19 outbreak. Health professionals working to promote mask-wearing behavior in the early stages of an infectious outbreak should consider mask-wearing behavior in the context of the ubiquitous media environment and relevant negative emotions, which affect individuals' risk appraisal and preventive behaviors.

Best for the baby, best for you? White Supremacy in Advertising in Johnson & Johnson Advertising Campaigns

Heather Smith, George Mason University

During the COVID-19 pandemic, Americans became more aware of vulnerable populations. African-Americans have been one population that has been disproportionately impacted by the disease. It is critical for health communication to expose those most at risk and advocate for more equitable health outcomes. To do this, we must be aware of places where our society unfairly targets the vulnerable.

In 1971, researchers discovered talcum particles in ovarian tumors of women with ovarian cancer and alerted the medical community of a possible link between the use of talcum powder and ovarian cancer. In 2016, African-American women who used talcum powder had a 40% higher risk in increase of ovarian cancer (Schild, et.al, 2016). In the past few years, Johnson & Johnson settled a number of lawsuits with African-American women and their family members after it was determined that an internal memo at Johnson & Johnson documented that they were aware of the dangers for women using their powder for hygiene purposes and mandated a more aggressive campaign aimed at African-American women and their families, insisting on no disclosure of risk (Bross, Cronin, Fisk & Feeley, 2018). The well-known company, popular with African-American families, was losing profits and experiencing decreasing sales in this community, and decided to increase efforts in convincing women to use the powder in ways that were possibly a specific cancer risk in an already vulnerable community.

This study uses critical race theory and textual analysis to explore the behavior of a popular company to potentially contribute to the health destruction and deaths of African-American women.

Birthing Change: Using the Stewardship Model to Drive Equity, Literacy and Advocacy to Combat Maternal Mortality Among BIPOC Women

L. Simone Byrd, Alabama State University
Emuni Sanderson, University of Alabama Birmingham
Deanna Richards, George Washington University

The Coronavirus global pandemic (i.e., Covid-19) revealed significant inequities that exist. Nowhere was this more evident than in the healthcare industry and understanding how the system operates within the United States. During the early phases of the pandemic, there was substantial evidence that exposed persistent health disparities as a significant number of cases and deaths were among people of color. The African-American community was particularly hard hit, and subsequently garnered much of the early media attention. Regardless of socioeconomic success and attainment, African-Americans have historically experienced challenges with receiving comparable and compassionate care from healthcare practitioners. Ironically, Covid-19 has helped to both reveal and propel other issues related to health disparities into the limelight. One of those largely ignored and underreported healthcare issues is the alarming maternal mortality racial divide among Black women. We posit that, with greater emphasis on developing culturally competent communication focused on wrap-around services that promote greater emotional, and mental well-being by the healthcare industry, there will be substantial progress made in reducing rates of maternal mortality divide for Black women.

Grounded in Kelly's (2001) Stewardship Model (reciprocity, responsibility, reporting, and relationship nurturing), we seek to interpret the following questions through the overarching lens of equity, literacy, and advocacy, as it relates to the maternal mortality divide: (1) What approaches are healthcare providers taking to establish a 'culture of equity' which target disparities in outcomes, access, and treatment, (2) How are healthcare providers establishing systems and practitioner education programs that are culturally competent, and (3) What evidence exists that healthcare providers are attempting to externally engage and educate (via social media and other channels) BIPOC women about the issue of maternal mortality? Historically, the Stewardship Model has its foundation in focusing on fundraising matters, as well as maintaining relationships with donors in a public relations context. However, this research endeavors to pursue an examination of the model using a slightly different approach. Moreover, our qualitative-based methodological approach will be to review organizational websites, social media platforms for the healthcare provider and advocacy organizations, as well as publicly available documents to observe words and/or phrases, themes, patterns, etc., which would be consistent with the general ideology that undergirds stewardship but also adapts those concepts for conversations related to how the medical community is addressing the current maternal mortality crisis.

As an outcome of this study, we desire to expand the discussion and add to the body of knowledge in an interdisciplinary manner. This will be done mainly by establishing the groundwork for future research and practical recommendations for viable solutions to reduce and or eradicate health disparities by addressing the inequities in quality, pregnancy-related care, ushering in and advocating for a new era of innovative policy change, and promoting continuous improvement of communication strategies to address the maternal mortality divide.

Black, white, and grey: The role of race in Physician-Patient Interaction Model portrayals on Grey's Anatomy

Clarissa Bowers Indiana University - Purdue University Indianapolis

In 2005, Grey's Anatomy showrunner, Shonda Rhimes, became the first-ever "Black woman to show run a successful primetime drama on a broadcast network" (Berg, 2018). As such, she became the first Black woman to make her voice heard by the majority of the media-consuming population in the United States. Since that pivotal moment for both women and the Black community, the show has gone on to become the longest-running medical drama in the history of television (France, 2019). Since its inception in 2005, the show has cemented itself in the annals of pop culture as one of the most prevalent, and potentially inaccurate, depictions of healthcare in America. Thus, creating an entire generation of viewers with an unrealistic understanding of how healthcare providers can and will communicate with their patients.

After fifteen years in the spotlight, the show has done wonders for breaking down stereotypes for any number of ailments and cultural demographics. However, those broken barriers are not without criticism from those in the medical community. In particular, Elia, Panero, & Crupi (2018) assert that medical dramas "oversimplify an extremely complex and multifaceted" industry through their overly optimistic portrayals of the health care industry. As such, the accuracy of its depictions of medicine and the impact they may have on patient perceptions of care are of paramount importance; because for many, this may be their only pre-need exposure to healthcare interactions.

Although the old adage states that any press is good press, this study seeks to address the ways in which interracial patient and provider communication on the show, set unrealistic expectations for real-life health care interactions. Using the theoretical underpinnings of Emanuel and Emanuel's Four Models of Physician-Patient Interaction (1992), we will delve deeper into the idea that every care interaction should be based on situational circumstances rather than standardization – and how the concept evolves when looked at through the lens of race.

This paper discusses the complex relationships between race and healthcare provision, the stake that television shows such as Grey's Anatomy hold within Black populations and the medical field, explains the theoretical groundwork of this study, and describes the inadvertently defined and portrayed expectations of "patient-physician relationships" (Emanuele & Emanuel, 1992) based on a thematic qualitative analysis of 25 transcribed episodes deemed "must-see" by the showrunner, Shonda Rhimes.

In recent months, the United States has made progress in its efforts to mitigate health inequities within Black and minoritized communities. However, based on the findings of this analysis, there is still work to be done. From television teachings to real-work implications, this study aims to highlight the very real and ever-present realities of healthcare - as they are portrayed on television - for Black patients and providers.

Clinic staff perceptions of a sexual health entertainment-education intervention for young women of color

Deborah Neffa Creech, Sentient Research

Aaron Plant, Sentient Research

Emerald G. Snow, Sentient Research

Jorge A. Montoya, Sentient Research

Background: Entertainment-education (EE) remains an underutilized sexual and reproductive health (SRH) intervention approach despite evidence it can improve SRH among youth (1) and remain low burden for participants and organizations (e.g., low-cost, single-session, and little/no staff training; 2-5). Such benefits might encourage clinics to adopt EE interventions, but considerations such as awareness of EE interventions, perceived feasibility and effectiveness, and staff and patient acceptability affect uptake (6-8). To our knowledge, no study has assessed perceived facilitators and barriers of EE interventions in SRH clinics from the perspective of those who make or influence implementation decisions. We explore this for a new theory-based, federally-funded EE video intervention for young women of color.

Plan A intervention: Based on Social Cognitive Theory and Theory of Planned Behavior, Plan A aims to improve patient-provider communication and reduce unplanned pregnancies and sexually transmitted infections (STIs) among 18-19-year-old African-American and Latina women. It features vignettes of young women modeling sexual health and contraception-related behaviors and having positive experiences visiting SRH clinics and communicating with providers. Plan A is 23 minutes and designed to be watched before a clinic visit (e.g., in a waiting room, exam room, or at home via a link emailed/texted to patients). Implementation requires no staff training. We consulted young women of color, SRH providers and staff, and subject matter experts to ensure content is relevant, engaging, motivational, culturally appropriate, and medically accurate (9). A 2018 study found high acceptability and engagement among target audiences (10), and a large-scale randomized controlled trial shows improvement in SRH outcomes at 3- and 9-months post-intervention.

Methods: We gathered responses from SRH clinic staff nationwide using an online survey (n = 100) and telephone interviews (n = 19). Staff was diverse in terms of role (e.g., clinicians, directors) and clinic type (university, public, non-profit). Questions measured perceived facilitators, barriers, and likelihood to implement Plan A after watching a video trailer. Bivariate statistics and multiple logistic regression were used for quantitative data and thematic analysis was used for qualitative data.

Results: Many participants described Plan A as engaging and realistic. Feasibility was high (95% mentioned at least one way they'd show the video at the clinic), and many also believed it would improve patient-provider communication and patient SRH knowledge and behaviors. 56% said they would likely show the video at their clinic; however, 41% were unsure despite offering positive feedback. Likelihood was associated with clinic type, perceived ease of implementation, and acceptability (e.g., intervention would resonate with patients/clinic staff and fit in with the clinic's mission/values). Perceived barriers included the video's relevance to all clinic patients or needing management approval.

Conclusions: SRH clinic staff are excited about EE video interventions as an approach for improving patient-provider communication and SRH behavior. Most are likely to implement; however, many still hesitate for reasons unrelated to video content and quality. A low 2-3% of staff were aware of EE interventions prior to this study, demonstrating a need to increase awareness of their effectiveness. These results can help improve outreach and EE dissemination efforts in SRH clinics.

COVID-19 related misinformation and cancer patients

Jeanine P.D. Guidry, Virginia Commonwealth University

Carrie A. Miller, Virginia Commonwealth University

Albert Ksinan, Virginia Commonwealth University

Kandace McGuire, Virginia Commonwealth University

Kellie E. Carlyle, Virginia Commonwealth University

Bernard F. Fuemmeler, Virginia Commonwealth University

The COVID-19 pandemic has led to an outbreak of misinformation.¹ Cancer patients may be at greater risk for misinformation endorsement, as they frequently turn to online sources health information and social support.²⁻⁴ Misinformation can be particularly problematic for cancer patients if it results in skipped or delayed medical care.⁵ This study asked whether current cancer patients are more or less vulnerable to COVID-19 related misinformation compared to survivors and those with no cancer history. Data were collected via a Qualtrics online survey respondents (N=897) in June 2020. Quota sampling was utilized to ensure a sample of one-third: current cancer patients, cancer survivors not in treatment, and respondents with no history of cancer. Measures included demographic variables, COVID-19 stress, cancer status, and COVID-19 misinformation endorsement.

Misinformation items were used as indicators of a single-factor CFA model. The model fit was adequate, $\chi^2(169) = 690.60$, $p < .001$, CFI = .93, RMSEA = .07. This model was regressed on the covariates of interest. Results showed that males were more likely to endorse COVID-19 misinformation ($p < .001$). Older participants were less likely to endorse COVID-19 misinformation than younger ones, ($p < .001$). No significant effect of education, race, or perceived stress from COVID-19 was observed. Survivors no longer in treatment indicated significantly lower endorsement of COVID-19 misinformation ($p < .001$) than individuals without cancer, while participants in active cancer treatment indicated significantly higher endorsement of misinformation, ($p = .022$) compared to those without cancer. Cancer patients currently receiving treatment were more likely to endorse false statements about the COVID-19 pandemic, compared to those without a cancer history, while those with a history of cancer but no longer in treatment were the least likely to do so. Other factors related to belief in misinformation were gender and age (with men and younger respondents more likely to believe misinformation). It is not entirely clear why cancer patients currently in treatment are more vulnerable to misinformation, and why those with a history of cancer but no longer in treatment are less susceptible. Although COVID-19 related stress was not different across groups, the added stress from cancer treatment may compound with pandemic-related stress and result in more time spent looking for health information online. Increased information seeking may impact cancer patients' information processing abilities, making them more likely to use heuristics, rather than more critical, central processing routes of assessing information credibility.

Being male was related to higher endorsement of misinformation, in support of the literature.⁷ Women are more likely to adhere to COVID-19 preventive behaviors⁸ and engaging in these behaviors may enable women to feel more control over the pandemic and its threats, which may result in a buffer against conspiracy theory beliefs.⁷ Younger respondents were more likely to endorse misinformation, which is consistent with other studies examining COVID-19 misinformation.⁹

These results should alert healthcare professionals to high endorsement of COVID-19 misinformation. Providers working with cancer patients should be mindful of elevated misinformation beliefs among this group and should implement procedures to proactively address COVID-19 misinformation in patient encounters.

COVID-19 Risk and Preventive Behaviors and Health Outcomes in Pandemic Hotspots

Rick Zimmerman, Wayne State University
Roma Subramanian, University of Nebraska-Omaha
Amanda Hinnant, University of Missouri
Kathryn Gstalder, Wayne State University
Dorothy Feltner, Wayne State University

Background: This study contributes to emerging research on COVID-19 (henceforth: COVID) and risk management by drawing on the extended parallel process model (EPPM) to survey risk perceptions and behavioral outcomes in severely affected areas of the pandemic. We investigated the relationships between (1) trust in COVID information sources and perceived risk and efficacy; (2) perceived risk and efficacy and reported COVID preventive or risk behaviors; (3) COVID preventive or risk behaviors and COVID-related health outcomes.

Method: We administered an online survey (N=563) in spring 2020 in the following COVID U.S. hotspots: 23 counties with meat- or poultry-packing plants; Wayne County (Detroit area), Michigan; 6 parishes in the New Orleans, Louisiana, area; and 5 counties in southwestern Georgia. Survey measures included demographics (e.g., age, gender, race/ethnicity); political party affiliation²; news consumption³; trust in COVID information sources⁴; EPPM variables^{5,6}; COVID risk and preventive behaviors (avoiding crowds, handwashing, mask-wearing); and COVID health outcomes (e.g., diagnosis, positive test, hospitalization).

Key Findings: With regard to trust in COVID information sources, trust in government was positively related to perceived severity ($\beta = .17, p = .001$), response efficacy ($\beta = .26, p < .001$), and self-efficacy ($\beta = .23, p < .001$). Trust in doctors was positively related to all four EPPM variables: perceived susceptibility ($\beta = .19, p < .001$), severity ($\beta = .27, p < .001$), response efficacy ($\beta = .35, p < .001$), and self-efficacy ($\beta = .27, p < .001$); it was negatively related to risk behaviors ($\beta = -.17, p = .001$). Trust in TV news was positively related to susceptibility ($\beta = .14, p = .012$) and severity ($\beta = .11, p = .03$) but unrelated to response efficacy ($\beta = -.02, p = .63$) and negatively related to self-efficacy ($\beta = -.13, p = .01$). Trust in the president/vice president was negatively related to susceptibility ($\beta = -.25, p < .001$), severity ($\beta = -.13, p = .005$), response efficacy ($\beta = -.18, p < .001$), and self-efficacy ($\beta = -.14, p = .002$) and also to preventive behaviors ($\beta = -.10, p = .03$).

As expected, response efficacy was negatively related to COVID risk behaviors ($\beta = -.30, p < .001$) and positively related to preventive behaviors ($\beta = .37, p < .001$); susceptibility was positively related to preventive behaviors ($\beta = .14, p < .001$). Susceptibility was also positively related to being diagnosed with COVID (AOR = 1.93, $p = .01$) and a positive test (AOR = 2.00, $p = .05$); response efficacy was negatively related to being diagnosed (AOR = .30, $p = .005$).

Implications: The findings suggest that doctors and government agencies should be designated spokespeople for COVID-related information. Also, since perceived COVID susceptibility and response efficacy were the most important correlates of risk behaviors, they should be the focus of messages to reduce COVID incidence. Finally, those who lean Republican or trust the president/vice president for COVID information should be targeted audiences for health communication campaigns."

Cross-national Media Coverage of Rape and Rape Culture: Community Structure Theory and “Buffered” Female Privilege

Viane Villanueva, The College of New Jersey
Lori-Ann Johnson, The College of New Jersey
Marie Hines, The College of New Jersey
Devin Lipsey, The College of New Jersey
John C. Pollock, The College of New Jersey
Alexis Marta, The College of New Jersey

A community structure analysis (Pollock, 2007, 2013, 2015) compared cross-national newspaper coverage of rape and rape culture in leading newspapers/news services in 28 countries, analyzing articles of 250+ words from 06/05/2008 to 02/24/2020. The resulting 245 total articles were coded for “direction” (“government responsibility,” “society responsibility,” or “balanced/neutral” coverage) and “prominence,” (placement, headline size, article length, and the presence of graphics) then combined into composite “Media Vector” scores for each newspaper (range +0.7324 to -0.1662, range 0.8986). Twenty-two of 28 newspapers (79%) emphasize “government responsibility” for rape and rape culture. Pearson correlations revealed four significant indicators associated with a “buffer hypothesis” (privilege is linked to benevolent coverage of human rights claims). In particular, privilege reflecting “women’s empowerment” reporting patterns were encountered: female life expectancy ($r= 0.361$, $p= 0.030$); female school life expectancy ($r= 0.341$, $p= 0.044$); percent females in secondary school ($r= 0.337$, $p= 0.046$) – all indicators of national women’s empowerment; and male life expectancy, in reality a measure of “privilege” ($r= 0.371$, $p= 0.026$), were all associated with more media emphasis on “government” responsibility for rape and rape culture.

Regression analysis yielded greater female life expectancy (privilege) in a country accounted for 18.2% of the variance which, along with female literacy rate (2.8%) and percent females in secondary school (4.7%), accounted for a total of 25.7% of the variance associated with coverage supporting more government responsibility for rape and rape culture. By contrast, percent females in the workforce accounted for only 7.4% of the variance associated with coverage supporting less government responsibility for rape and rape culture. These findings are broadly consistent with previous cross-national community structure scholarship associating either female school life expectancy or percent females in the workforce with coverage emphasizing government responsibility for human trafficking (Alexandre, et al., 2014, 2015) and HIV/AIDS treatment access (Etheridge, et al., 2014, 2015). One previous cross-national study on coverage of rape and rape culture over a 5+ year period 06/05/08-09/27/13 found that percent HIV infected orphans ($r= -0.423$, $p= 0.018$) and AIDS prevalence ($r= -0.335$, $p= 0.051$) were significantly associated with media coverage emphasizing societal responsibility (or “less” government responsibility) for rape and rape culture (Pollock et al., 2016). By contrast, the current study’s results linked female health and education privilege to media coverage emphasizing “more” government responsibility.

Perhaps the current study’s robust connection between “buffered” women’s empowerment and coverage emphasizing government responsibility for rape and rape culture is due partly to a more modern sample range, extending to 02/24/20, almost six and a half years beyond the 09/27/13 end point of the previous study. It can also be assumed that the #metoo movement has facilitated the emergence of the issue of rape and rape culture more often on the media agenda. Theoretically, by emphasizing the influence of national demographics, community structure theory complements agenda-setting theory, highlighting, as found empirically by prominent agenda-setting scholars (Funk & McCombs, 2017), the way demographics and prominent newspapers can both affect coverage of important issues, including rape and rape culture.

Cross-national Coverage of Human Trafficking: Community Structure Theory, Health Vulnerability, and Resource Privilege

Taylor Griffith, The College of New Jersey
Dvi Muniappan, The College of New Jersey
Marcos OchoaDvi Muniappan, The College of New Jersey
Radhika Purandare, The College of New Jersey
John C. Pollock, The College of New Jersey
Alexis Marta, The College of New Jersey

Community structure theory (Pollock, 2007, 2013a, 2013b, 2015) compared cross-national newspaper coverage of human trafficking in leading newspapers/news services in 20 countries, analyzing articles of 250+ words from 01/04/10 to 07/30/20. The resulting 369 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 human trafficking), then combined into composite “Media Vector” scores for each newspaper (range +0.826 to +0.029, a total range 0.797). All 20 Media Vectors (100%) emphasized government responsibility for ending human trafficking.

Overall, a measure of “vulnerability” and selected measures of “privilege” were associated with variations in coverage of government responsibility for ending human trafficking. Pearson correlations found one measure of vulnerability—adults with HIV ($r=-0.635$, $p=0.004$)—linked to “less” media emphasis on government responsibility, accounting for 48.4% of variance, suggesting an “issue overburden” pattern: In countries with high proportions of vulnerable populations, governments often focus on imminent threats to health and safety—like high HIV prevalence or water potability—that may take priority over human rights concerns such as human trafficking. Therefore, a higher proportion of vulnerable individuals is associated with media coverage emphasizing less government responsibility, paralleling previous research on cross-national coverage of HIV/AIDS treatment access globally, HIV/AIDS treatment access in Anglophone sub-Saharan Africa, and mental health treatment access (Etheridge, et al., 2014, 2015; Pollock et al., 2015; and Yasin, et al., 2020).

It was expected that high privilege levels (populations “buffered” from uncertainty) would be associated with coverage emphasizing government responsibility for human trafficking (Pollock, 2007, p. 79). Coal consumption ($r = 0.581$, $p = 0.006$) and coal production ($r = 0.572$, $p = 0.010$)—indicators of “resource privilege”—and physicians/100,000 ($r = 0.507$, $p = 0.011$)—a measure of “health privilege”—were all associated with more media emphasis on “government” responsibility for ending human trafficking. The length of paved roads ($r=0.332$, $p=0.089$), another measure of resource privilege, “directionally” confirmed the same. Coal consumption accounted for 20.1% of variance associated with coverage emphasizing more government responsibility. Finding measures of “privilege” linked to reporting emphasizing more “government” responsibility for human rights claims parallels previous research on cross-national coverage of human trafficking (Alexandra et al., 2014, 2015) and HIV/AIDS treatment access (Etheridge et al., 2014, 2015).

Empirically, this study confirmed a measure of vulnerability—proportion of adults with HIV—was associated with less media emphasis on government responsibility. Contrasting measures of resource privilege, however, in particular coal production and consumption, along with physician density were linked to coverage emphasizing more government responsibility for human trafficking. Methodologically, combining measures of “prominence” and “direction” generated highly sensitive “Media Vector” scores illuminating the capacity of media to reflect country level measures of vulnerability and privilege. From a theoretical perspective, this human trafficking study confirmed an empirical finding by one of the founders of “agenda-setting” theory, urging that agenda-setting’s “top down” perspective is robustly complemented by the “bottom-up” viewpoint of community structure theory’s indicators of community-level demographics (Funk & McCombs, 2017)."

Crowdsourced Medicine in the Case of COVID-19 Long-haulers: An Investigation of Language Features and Functions Over Time

Charee M. Thompson, University of Illinois, Urbana-Champaign

Kayla Rhidenour, Baylor University

Kate Blackburn, University of Texas at Austin

Ashley Barrett, Baylor University

We examined communication on Reddit among COVID-19 “long-haulers,” a growing population of people with post-COVID syndrome who continue to experience symptoms for weeks or months after having the illness. According to Dr. Fauci, “Anywhere from 25% to 35%—or more—have lingering symptoms...fatigue, shortness of breath, muscle aches, dysautonomia, sleep disturbances and what people refer to as brain fog” (Strazewski, 2020). Causes of and treatments for post-COVID syndrome remain elusive, and long-haulers are turning to one another for answers by crowdsourcing, or “aggregating crowd wisdom to solve a problem” (Tucker et al., 2019, p. 1). To explore how COVID-19 long-haulers communicatively engage in crowdsourced medicine, we asked: What are the linguistic features and functions of COVID-19 long-haulers’ communication? How does their language use change over time?

As part of a larger study, authors used Reddit’s application programming interface (API) to extract the entire textual history of the newly-formed long-hauler subreddit, starting with its creation date, July 24th, 2020, until October 11th, 2020, when data analysis began. A total of 12,311 text observations were extracted. After standard cleaning procedures (e.g., word count criterion, $WC \geq 25$), the final data set consisted of 8,582 text observations containing 74.65(67.25) words on average. We employed a text analysis approach, Meaning Extraction Method (see Chung & Pennebaker, 2008), to identify groups of words that mathematically grouped together across the text observations. We utilized a software system, the Meaning Extraction Helper, which is an automated MEM companion tool (see Boyd, 2019).

Our analyses yielded thirteen groups of words that we thematized using the textual data. Seven corresponded to diagnosis and broad medical concerns, including: testing (e.g., test, negative, positive); diagnosis (e.g., covid, CF, post); chronicity (e.g., week, march, july); diet (e.g., food, eat, diet, sugar); illness identity (e.g., long, hauler, term); immunity (e.g., immune, system, virus, steroid); and physical activity (e.g., walk, exercise, rest). The remaining six themes centered on specific symptoms: respiratory (e.g., breath, shortness, chest); cognitive (e.g., brain, fog, fatigue); cardiac (e.g., heart, rate, high); sensory (e.g., taste, smell, sense); pain (e.g., pain, side, ache); and sleep (e.g., wake, night, sleep). Over time, diet and physical activity generally increased. Testing, sensory, and sleep generally decreased. Respiratory, cognitive, and diagnosis decreased and then increased over time. Chronicity, immunity, and illness identity increased and then decreased. Finally, pain and cardiac, had multiple peaks and valleys.

We noted both instrumental and relational functions of long-haulers’ talk. Instrumentally, long-haulers engaged in “problem presentation” as they would to a doctor, evidenced by the preponderance of symptom-centered language. Relationally, long-haulers sought social support from fellow long-haulers, with identity words and the sharing of COVID-19 stories illustrating the community-building function of their language use. Findings provide a window into the communicative experience of emergent illnesses that are not well understood by medicine. Some health concerns, such as diet and physical activity, may increase over time as people slowly recover. Other health issues, such as pain and cardiac issues, may be more persistently unpredictable. Identifying symptoms and needs over time can inform care for these individuals."

Culture and Ecosystems of Care: A Framework for Understanding International Health and Medical Contexts

Kirk St. Amant, Louisiana Tech University

The concepts of medical, health, and care represent core factors within a system where all three are interlinked. These are ecosystems of care, and understanding them is essential to effective health and medical communication (St.Amant, 2019). Addressing these ecosystems can be challenging within one's own culture. The situation becomes more complex when conveying health and medical information across cultures (St.Amant, 2017 & 2019). Yet health communication has become increasingly cross-cultural and encompasses sharing information both at home and abroad (Evans, 2016; World Health Organization, 2018). Technical communicators working for healthcare or medical organizations need to understand such aspects, for failure to do so could affect how audiences use information.

This entry presents strategies for understanding the ecosystem expectations of other cultures. In presenting this approach, the author examines the dynamics of healthcare communication across cultures and reviews the concepts of medical, health, and care within ecosystems of care. The author also reviews how cultural perspectives of these ecosystems can cause communication issues. The author then introduces steps for researching these expectations and developing health-related content for other cultures. Technical communicators can use these steps to create communication materials – from texts to images to online products – cultural audiences consider “credible” and worth using."

Discussing Mental Health Online: Does the Content of Support-Seeking Disclosure Strategies Influence Social Support Offered?

Brandon M. Walling, Michigan State University

Research in disclosure and social support has posited that distressed individuals might never receive the social support they desire without some sort of disclosure or support-seeking (Greene, 2009; High & Scharp, 2015). This finding is important because individuals who perceive that they have access to effective support are less likely to experience symptoms associated with mental illness compared to individuals who lack the support they need (Hefner & Eisenberg, 2009). Previous research has suggested that the use of different disclosure strategies might influence the responses to disclosures, specifically when the content of discussion is related to mental health and other nonvisible stigmatized identities (Choi et al., 2016; Venetis et al., 2017). Additionally, findings in social support provision have suggested that support providers attempt to match the support they offer to their perceptions of the support-seekers' goals (Burlinson, 2003; Horowitz et al., 2000; MacGeorge, Feng, & Burlinson, 2011). The current study developed a content analysis coding protocol to categorize posts and comments in an online depression help group. By taking an interactional approach to consider both the sender (i.e., the support-seeker/discloser) and the receiver (i.e., the support-provider), initial posts were separated into different types of content such as identifying consideration of treatment versus consideration or planning of self-harm, and by categorizing response comments into different types of social support, different degrees of confirmation, and other aspects of the support offered, the effect of support-seeking strategies and the content of those discussions was addressed.

Previous studies have examined the ubiquity of online social support networks (Mehta & Atreja, 2015; Rains & Young, 2009), and specifically, the use of Reddit to discuss sensitive topics such as substance abuse (Costello et al. 2017; Sowles et al., 2017) and mental health (Sharma et al., 2017; Wang et al. 2015). Therefore, a population of content was collected (N = 945 posts) from a depression help subReddit (r/depression), and a simple random sample was coded by paid research assistants. All initial posts (n = 250), and first comments in response to each initial post (n = 500) were unitized and then coded via a coding protocol developed by the author. All units in the sample were coded for: 1) content, 2) social support sought, 3) support-seeking strategy, and 4) number of comments; and all of the comments in the sample were coded for: 1) type of social support offered, and 2) degree of confirmation. Unit data was combined to analyze data at the unit-level and at the initial post- or comment-level to answer hypotheses and research questions about the relationship between the content of support-seeking messages (i.e., treatment, self-harm) in initial posts and the types of social support (i.e., informational, emotional, esteem, tangible, network) offered, the degree of confirmation (i.e. confirming, neutral, disconfirming), and the number of comments. Findings extend research on disclosure as a social support-seeking strategy and on the use of social media sites to discuss mental health online.

Disseminating Information Related to COVID-19 to The Public via Three Major Public Health Agency Websites: A Descriptive Analysis

**Amjad Alghamdi, University of Jeddah, George Mason University, Marymount University
Gary Kreps, George Mason University**

Background: In public health emergencies such as covid-19, adequate dissemination of health information can help reduce unwanted health outcomes and motivate the public to take actions that help reduce the health threats as result of the pandemic.

Objective: Since previous research suggested that major public health agencies have had problems in effectively responding to these public health emergencies by disseminating consistent and correct health information, this study examines how well three major public health agencies (CDC, WHO, and White House Coronavirus Task Force) have disseminated clear health information and recommendations to the public about the COVID-19 pandemic via their official websites.

Method: Applying the Weick's model of organizing as a framework which emphasizes and describes the process of human interactions within social organizations, and how individuals seek or exchange information during times of high equivocality (uncertainty) such as during a pandemic, this study content analyzed both the clarity of health information disseminated on the three major public health agencies (CDC, WHO and WHCTF) as well as identified the major health recommendation themes that were disseminated. This study used the CDC's Clear Communication index (CCI), a validated instrument, to evaluate the understandability levels of the three public health agency's websites. The CDC's CCI emphasizes the audience's needs with its set of evidence-based criteria to identify the crucial communication characteristics that affect disseminated health messages' clarity and facilitate public's understanding of the health messages.

Results: RQ1 asks to what extent was the dissemination of pandemic-related information on the three public health agencies' websites aligned with the CDC Clear Communication Index? RQ2 asks what are the themes in which the health information is disseminated on these websites. Therefore, this study examines the clarity of health information disseminated on the three major public health agencies. Only the CDC coronavirus website was found to be excellent (94.6%) according to the CDC's CCI, whereas the WHO and WHCTF websites did not score as well (WHO: 73%; WHCTF: 50%). Also, the CDC coronavirus website was found to adequately provide health information about the nature of the virus and its implications as well as to provide recommendations that the public needs to know to manage the risk of contagion. The WHO coronavirus website was also found to present health recommendations that were proactive too. However, the WHCTF website was found to disseminate coronavirus-related health recommendations that lacked calls for actions and a proactive voice.

Conclusions: This study concludes that the CDC websites were well-designed to effectively communicate clear and relevant coronavirus-related information to the public, while the WHO and WHCTF websites were less effective at disseminating clear and relevant information. Health agencies should improve their dissemination of health recommendations to the public by relying on evidence-based communication practices to mitigate the spread of the virus among the public.

Exploring adolescent vaping: The influences of parental monitoring and parental media monitoring

HyeJeong Choi, Missouri

Michelle Miller-Day, REAL Prevention

Michael L. Hecht, REAL Prevention

Shannon D. Glenn, PSU

Rachel E. Lyons, Rutgers University

Kathryn Greene, Rutgers University

Introduction: E-cigarettes, sometimes called “e-cigs,” “vapes,” “e-hookahs,” “vape pens,” and “electronic nicotine delivery systems (ENDS)” (CDC, 2020) are the most commonly used tobacco product by youth in the United States (Gentzke et al., 2019). The serious health consequences of teen vaping (King et al., 2020) makes it essential that we understand the processes of initiation and maintenance that influence e-cigarette consumption. Yet, little is known about how parental monitoring behaviors and unmonitored time with peers is related to vaping perceptions and behaviors. Thus, this study investigated how different types of parental monitoring (general monitoring and parental media monitoring) are related to youth vaping perceptions and behaviors.

Method: A total of 639 youth (mean age 14.71) were recruited through 4-H clubs in nine different states across the United States (NJ, PA, OH, WV, LA, AZ, IL, CO, WA). Youth assent was obtained after parental consent. A self-report survey was administered online as part of a larger longitudinal project. Participating youth were predominantly White and female (66%) with approximately 60% living in small towns or rural areas in United States. Almost two thirds attended public schools (70.7%) and 21% qualified for free-lunch program, a proxy for socio-economic status. Youth completed measures related to parental monitoring practices (active communication, tracking, and management of youths’ activities and peer networks), use of unmonitored time, parental media monitoring (active communication about media content, tracking, and management of youth’s media consumption), and perceptions of vaping and vaping behavior.

Results: A total of 12% of youth reported lifetime vaping, however, youth perceived that 44% of their peers vaped. Generally speaking, youth reported high levels of parental monitoring and moderate levels of parental media monitoring. On average, youth reported that they spent 2 weekdays of their “free” time without adults. General parental monitoring was positively related with adolescent perceived harm on vaping and perceived prevalence of vaping. General parental monitoring was negatively related with perceived acceptability of vaping and social expectancy on vaping. Unmonitored time with peers was positively related with adolescent perceived prevalence of vaping and social expectancy on vaping. Additionally, youth with higher levels of parental media monitoring were more likely to perceive harm of vaping and less likely to vape compared with youth with lower levels of parental media monitoring.

Discussion: Parental monitoring can positively influence youth perceptions of vaping and has the potential to inhibit vaping behaviors. Parental media monitoring is influential, and thus parent education about vaping is necessary to promote informed messaging to youth about vaping and vaping influences."

Exploring How the Terms “Black” and “African American” May Shape Health Communication Research

Katherine E Ridley-Merriweather, Indiana University-Purdue University Indianapolis
Raiven Owusu, Indiana University School of Medicine
Krista Hoffmann-Longtin, Indiana University-Purdue University Indianapolis

Descendants of the African Diaspora experience a greater disproportion of health disparities than other racial or ethnic populations in the United States. Because of these health disparities, clinical health researchers must seek out marginalized individuals for participation in studies. Few topics are more thoroughly researched than the depth and scope of the existing barriers to clinical research experienced by DADs; however, none of the research suggests that a disagreement in naming could be a barrier in and of itself. In fact, clear evidence exists that DADs do indeed care about what they are called; by not paying attention to this or dismissing the idea out of hand, researchers are, themselves, reifying barriers to clinical research participation for marginalized individuals. There are several different labels attached to DADs. Evidence in both the academic and popular press indicates that, because DADs are from many different cultural heritages, naming and identity label preferences exist among the group. Several distinct terms are used to identify Descendants of the African Diaspora (DADs) as fellow members of a racialized population. However, “Black” and “African American” are the two labels most commonly used. Given the recent calls for examining institutionalized racism in the United States, health scholars must contemplate the problems that may arise when these two terms are used interchangeably, namely the extent to which mislabeling may reify already significant health disparities. A discrepancy of focus exists between the popular and academic press regarding the use of “Black” or “African American” as labels of identity for DADs. A primary exemplar is the extensive discussion in the popular press concerning these monikers, whereas the academic literature appears to lean toward an assumption that “African American” is the appropriate terminology. We argue that the outlook and attitudes stemming from some of the popular press discussion are informed by a Black gaze, since there are more journalists and consumers of color in the popular press than in the academic discourse. This essay examines the histories and meanings of “Black” and “African American” as identity labels and explores their importance in relationship to the effective recruitment of DADs to health research and clinical trials. In this paper, we employ the communication theory of identity and critical race theory as lenses to call attention to the discursive challenges associated with recruitment of DADs in health research. We also encourage health communication scholars to explore and extend the scope of this research. We do this by first describing the unintended consequences in health research through disregard of DADs’ chosen identity labels. We then use the various terms to describe DADs to illuminate existing tensions between “Black” and “African American.” We describe how each moniker is used and perceived, broadly and in health contexts. Finally, we call for more research into the effects of mislabeling and propose a plan for researchers’ next steps.

Exploring Public Perceptions of COVID-19 News Images Using a Thought-listing Survey

Nicole O'Donnell, Virginia Commonwealth University
Jeanine P. D. Guidry, Virginia Commonwealth University

News images provide a powerful look at the worldwide impact of the COVID-19 pandemic. This study aims to understand how exposure to COVID-19 news images may affect an individual's efficacy appraisals, threat appraisals, and risk perceptions. We conducted a thought-listing survey with 315 adults at the start of the pandemic. Results will offer insight into image qualities that may best promote positive efficacy appraisals for protective behaviors. Implications for health, risk, and visual communication will be discussed.

Background/Significance: To date, there have been an estimated 63.5 million COVID-19 cases and a reported 1.47 million associated deaths (as of December 1st, 2020) [1]. A recent survey from the PEW Research Center found that 89% of Americans are closely following COVID-19-related news [2], and national and local newspapers have seen up to 150% traffic increases on these stories[3]. Since the start of this pandemic, individuals have been inundated with fear-inducing news images of hazmat suits, face masks, over-crowded hospitals, empty stadiums and grocery shelves, and red magnified virus cells. News images are uniquely powerful at shaping how individuals understand and process public health risks [4–7]. A majority of individuals first learned about COVID-19 from mass media and there is an overall lack of understanding of how related images may positively promote protective health behaviors or conversely incite outrage and hazard.

According to the extended parallel process model (EPPM)[8], if an individual perceives COVID-19 as a severe threat, and believes that they can take steps to mitigate their susceptibility, then they may be more motivated to engage in health protective behaviors (e.g. handwashing, social distancing, wearing masks). However, there is a lack of research on how news images specifically affect this message reception process. Based on the positions of the EPPM, we propose the following research question and hypotheses:

Research Question 1: How do COVID-19 news images elicit individuals' threat appraisals, efficacy appraisals, and protective behavior intentions?

Hypothesis 1: Low (a) efficacy appraisals and high (b) threat appraisals will be associated with higher hazard and outrage perceptions.

Hypothesis 2: More negative thoughts about COVID-19 news images will be associated with higher hazard and outrage risk perceptions.

Thought-Listing Protocol: We conducted a mixed-methods survey with 315 adults in the United States recruited from a Qualtrics panel. Data were collected in March of 2020, following the WHO deeming COVID-19 a pandemic. The survey began with an image evaluation and thought-listing activity [9]. Individuals randomly viewed three of 25 possible images from front-page news stories. When viewing each image, individuals were instructed to write down all of the thoughts that came to their mind about COVID-19. Then, individuals were shown the thoughts that they wrote down (one-by-one via piped-text) and were asked to rate how positive or negative each thought was on a semantic differential scale. Additionally, they were asked questions related to the EPPM and their outrage and hazard perceptions [10,11]. Our research team is in the process of analyzing data, with results expected later this month."

Health Disparities and Protection Motivation for Communicable Diseases among African Immigrants in the United States.

**Nancy Muturi, Kansas State University
Barikisu Issaka, Kansas State University**

Introduction: The last decade has seen an increased focus on health disparities in the United States based on race and ethnicity, causing the Department of Health and Human Services (DHHS) to address it as one of the priority areas for American public health. Immigrants have been identified as the most vulnerable demographic for various diseases, which includes an increased risk of poor physical and social health outcomes and insufficient health care (Derose, et al., 2007). Africans are the most vulnerable to communicable diseases, many of which are related to their migration status and their place of origin (Anderson, 2017), but there are communication, cultural, behavioral, and environmental factors that put them at a higher risk. In addressing disparities in communicable diseases, it is crucial to understand the risks that impact specific populations to design appropriate prevention strategies.

Purpose: This study examined the influence of media and related factors on the motivators for adopting self-protective behavior in preventing communicable diseases among African immigrants.

Theory: The study is informed by the protection motivation theory (Rogers, 1975; 1983) that posits that individuals participate in adaptive or maladaptive coping behaviors when faced with health risks, which are based on two cognitions, threat appraisal, and coping appraisal. Threat appraisal evaluates the maladaptive behavior including risk perception whereas coping appraisal entails evaluation of one's ability to deal with the risk and to adopt recommended self-protective behavior.

Method: The study (n=114) was based on an online survey developed in Qualtrics and an anonymous link disseminated through social media. Key test variables included risk-reduction behavior, perception risk, seriousness, and vulnerability, self-efficacy, and response efficacy. Communication-related factors were media use, eHealth literacy, and information-seeking behavior.

Results: In examining participants' threat appraisal, results shows moderately low risk perception for communicable diseases (M=2.73, SD=.79) and very low vulnerability for communicable diseases (M=1.97, SD=.66). They also perceived communicable diseases as less serious (M=2.39, SD=.98). They reported a much higher coping appraisal for communicable diseases with response efficacy of M=3.68 (SD=.70) and self-efficacy of M= 3.84 (SD=.58) on a scale of one to five. Risk-reduction behavior was measured with eleven (yes/no) items and an aggregate score created (M= 6.49, SD=3.05). Media use was positively correlated with self-protective behavior ($r=.239$, $p=.018$). Similarly, self-protective behavior was correlated with eHealth literacy ($r=.294$, $p=.003$) and with online health information seeking ($r=.334$, $p=.001$).

Conclusion: Although African immigrants have been disproportionately impacted by communicable diseases, their evaluation of risk is low, and do not view them as very serious or view themselves as vulnerable. However, they perceived themselves as efficacious in preventing themselves and taking the recommended action. As the world faces COVID-19 and other serious communicable diseases, most of which are preventable, this study suggests putting more emphasis on using the media, specifically online resources, to communicate with African immigrants about communicable diseases. Further research is recommended on eHealth strategy and its effects on threat and coping appraisal for communicable diseases among high-risk populations.

Health information seeking matters: Predictors and perceived barriers among young Peruvian women.

H. Patricia Garcia, George Mason University

This cross-sectional study aimed to determine the main predictors and perceived barriers of reproductive (modern contraception) health information seeking behavior of young Peruvian women. Through the use of an online survey, young Peruvian women aged 18-26 years old were invited to participate voluntarily in this research. Data were collected in November and December 2019. Participants came from three colleges in Peru. The Comprehensive Model of Information seeking (CMIS) from Johnson and Meischke (1993) was tested. This model indicates that demographics, direct experience, salience, and beliefs predict the utility of information sources. The model also suggests that information-carrier characteristics (perceived trust and perceived utility) could influence health information-seeking actions. Hypotheses related to these variables were tested. An important addition to the model was perceived barriers as beliefs. These are considered critical factors in reproductive health information access in the Peruvian context. Path analysis with manifest variables was used to test the best fit between the data and the hypothesized model. Data analysis showed mixed results. Through a path analysis with manifest variables, the study drew attention to the direct effects of personal factors on health information seeking among young women and the role of perceived barriers in the perceived utility of different information sources. Results could inform future health communication and public health campaigns in Peru.

Hospital Fear Beyond the Threat of a Pandemic: The Moderating Role of Mental Disorders

Qiwei Luna Wu, Texas A&M University

Background: Despite the tremendous efforts to transform in-person visits to online consultations during the COVID-19 pandemic, patients still cautiously prefer delays in care to going to the doctor. In fact, avoidance of care was not uncommon even before the pandemic. Especially for people with psychological disorders, they would rather seek information and support than use professional help. However, the role of mental illness and information-seeking behavior is not yet clear in relation to the avoidance of care.

Objectives: Based on Social Cognitive Theory (SCT) and the Theory of Planned Behavior (TPB), this study explores the predictors of avoiding care and how mental disorders and the efficacy to seek health-related information affect the impact of communicative environments on the avoidance of care.

Method: The whole sampled population ($n = 5,438$) from the 2019 Health Information National Trends Survey (HINTS5, Cycle3) were included in multiple regression models. One's intention to avoid seeing a doctor was regressed on the SCT-related factors, such as demographics, social support, and health care environment (e.g., patient-centered communication, patient trust, having a regular doctor). Mental disorder diagnosis and the efficacy of seeking health information were included in the models as moderators.

Results: Of the 1336 people (24.6%) who reported to have avoided doctors even when they needed to, 52.8% were female ($n = 705$) and 39.1% received above college-level education ($n = 523$). Regression analyses suggest that younger age ($\beta = -.004$, $p < .001$), being male ($\beta = -.038$, $p = .002$), lower educational background ($\beta = -.029$, $p < .001$), and poorer health ($\beta = -.024$, $p < .001$) predicted avoidance of doctor visits. Also, higher social support from family and friends predicted higher intention to seek medical attention ($\beta = -2.63$, $p < .001$). Pleasant health care experiences — characterized by good patient-centered communication ($\beta = -.032$, $p = .032$), high patient trust ($\beta = -.02$, $p = .041$), and good perceived quality of care ($\beta = -.043$, $p < .001$) — predicted patients' visiting their doctors. Finally, mental illness fully moderated the effect of patient-centered communication; information-seeking efficacy also interacted with patients' having regular doctors and social support to affect the avoidance of seeing a doctor.

Conclusion: In addition to some personal characteristics (e.g., age, gender), factors from social and health care environments (e.g., social support, health care experiences) predicted one's willingness to see a doctor when needed. Interestingly, the combination of good social support and high efficacy to seek health-related information exacerbates the unwillingness of seeking medical attention for one's health problems. More importantly, while good patient-provider relationships increase doctor visits, having initial diagnoses of mental disorders significantly enhances patients' chance to visit their providers when necessary.

Implication: Recognizing individuals' mental disorders may help ease hospital fear for successful treatments of potential physical and mental illnesses. Health care providers and caregivers can work together to create an encouraging environment for patients to motivate necessary online and in-person visits even during the COVID-19 pandemic.

“If I need your help, I’ll include you in the conversation”: Aligning and diverging perceptions in triadic cancer communication.

Lauren Lee, Rutgers University
Kathryn Greene, Rutgers University
Maria K. Venetis, Rutgers University
Allyson C. Bonetempo, Rutgers University
Danielle Catona, George Mason University
Alexandre Buckley de Meritens, Rutgers Cancer Institute of New Jersey
Katie A. Devine, Rutgers Cancer Institute of New Jersey

Health care providers (HCPs) routinely instruct cancer patients to bring and involve support persons in oncology-care and treatment processes to fulfill critical informational, instrumental, and emotional support roles. Extant literature suggests that support persons assume various helpful roles that facilitate patients' cancer-related care. However, support persons' participation during cancer consultations is often complex and challenging. Specifically, how the inclusion of support persons influences communication about cancer in this triadic versus dyadic context is understudied. Further, because previous research suggests that HCPs solicit and clarify patients' role preferences for support person participation within triadic interactions, understanding how patients' desire to be supported through the alignment and divergence of patient, support person, and health care provider perspectives is critical in providing quality support and care for individuals living with cancer. The purpose of the present study was to explore the alignment of triadic perceptions of cancer-related care-experiences from the perspectives of patients with endometrial, ovarian, and uterine cancers (n = 18), their support persons accompanying them to treatment (n = 16), and health care providers (n = 10) including oncologists, oncology nurses, and medical assistants. Support persons in this study acted as companions and accompanied patients to medical interactions. Support persons included partners or spouses, adult children, extended relatives, and friends. All support persons were recruited by patients and regularly accompanied patients to cancer-related treatment appointments. Patient participants were recruited to the study using chart review and research staff communication about the project during routine outpatient oncology appointments at a National Cancer Institute comprehensive cancer center located in the northeastern United States. Participants in the study completed individual in-depth semi-structured audio-recorded interviews (N = 44). Interviews were structured to capture triadic perceptions of communication patterns within and outside clinical appointments with a health care provider. Interview questions prompted patients to focus on one support person who regularly accompanies them to appointments. In contrast, support persons and health care providers discussed their communication with and about patients in this setting. Interview data were coded using thematic analysis to generate themes. Qualitative thematic analyses revealed patterns of alignment and divergence between triadic perceptions of gynecological cancer experiences regarding the usefulness of support persons' instrumental support behaviors (i.e., tangible assistance, management of health care or mundane routines and activities), informational support behaviors (i.e., engagement in seeking and clarifying information, record keeping, acting as an extra brain), and emotional and relational management behaviors (i.e., openness, reassurance, maintaining positivity about the future). Although all three perspectives aligned in identifying these three themes as integral to the interaction, one important point of divergence amongst the triadic perspectives involves emphasizing which support behaviors are most beneficial within the interaction context. Namely, data suggest that patients and support persons' perspectives align regarding the centrality of instrumental behaviors within caregiving, whereas health care providers emphasized support persons' emotional support behaviors. Implications provide insight into each role's perspective in the patient-support person-health care provider triad.

Improving Risk Reduction Behaviors During COVID19 Using CV19Self Defense: An innovative mHealth Intervention

Mia Liza A. Lustria, Florida State University
Shuyuan Mary Ho, Florida State University
Huijin Li, Florida A&M University
Obianuju Aliche, Florida State University
Hsuan Huang, Florida A&M University
Xiuwen Liu, Florida State University
Md Shamim Seraj, Florida State University
Kevin Yee, Florida State University

The COVID-19 pandemic has claimed almost 1.5 million lives worldwide, with the United States reporting the highest death rate. Even with the possibility of a vaccine in the near future, a series of pandemic waves have been forecasted. Various public health and social measures have either been officially imposed or encouraged in an effort to curb the spread of the virus. Individual risk reduction measures such as social distancing, self-quarantining, wearing of masks, and testing have been widely promoted in an effort to curb the spread of the virus. Just as many states in the US start relaxing strict lockdown measures, it is vitally important for individuals to remain vigilant and aware of their critical role in helping public health efforts to maintain the consistent decline in COVID-19 cases. In addition to the aforementioned individual risk reduction measures, early detection and contact tracing are essential to slowing down the transmission of the disease.

The widespread adoption of mobile devices with increasingly powerful technical capabilities has made mHealth a particularly effective approach for delivering health interventions. Mobile apps can facilitate various aspects of self-management by providing tools to support journaling, providing access to social support and health information, enabling personal health tracking, enabling notifications and reminders, etc. Increasingly sophisticated sensing capabilities make it possible to deliver just-in-time adaptive interventions (JITAI) to users' natural environments. mHealth interventions can use data collected from self-reporting and context awareness features to deliver a wealth of information and behavioral cues at opportune times when users are more likely to be persuaded to respond. In the case of pandemic crises, automated sensing capabilities of mobile phones can support proximity tracking and contact tracing.

The CV19 SelfDefense app was designed to promote individual vigilance and risk reduction behaviors. It has the following features:

1. Symptom Checker: Tool designed to help individuals assess their own health status and COVID-19 symptoms based on CDC guidelines.
2. Social Distance "Nudge:" Using automated sensing technologies, the app will "nudge" users when it senses they are within 6 feet of others and will enable users to build a safe zone within their own social "pods."
3. Test Center Locator: The app will enable users to search for nearby testing centers via dynamic geo-location positioning.
4. Quarantine Monitor: Using GPS technology, the app will help individuals who test positive for COVID to track their whereabouts and log safe spaces.
5. COVID19 RSS Feed: The app will provide news updates from vetted credible and reliable sources like WHO and CDC to increase awareness and curb the spread of misinformation.

We conducted a pilot study to evaluate the effectiveness of CV19 SelfDefense in increasing risk perceptions, improving social distancing, and increasing self-efficacy to track and manage potential symptoms among young adults in Florida – a hotspot for COVID. We will present our preliminary findings at the conference.

Influence of Presumed Media Influence Hypothesis for Health Promotion About PrEP for HIV Prevention For Cisgender Women

Yangsun Hong, University of New Mexico

From the third-person effect theory to influence of presumed influence hypothesis (IPI hypothesis), communication scholars have been interested in phenomena regarding people's biased perceptions of media influence on others and how they react to that perception.

The IPI hypothesis explains that people tend to presume greater media influence on others and they change their behavior based on such perception. While early studies have found the influence of presumed media influence on promoting harmful health behaviors such as smoking and unhealthy dieting (Chia, 2006; Gunther, Bolt, Borzekowski, Liebhart, & Dillard, 2006), recent studies have showed that presumed media influence increases healthy behaviors like condom use and regular exercise (Ho, Lee, Ng, Leong, & Tham, 2016; Hong & Kim, 2019).

This study aims to expand the IPI hypothesis as a framework for health communication and health promotion. The goal of this study is to establish a theoretical explanation about the underlying mechanisms of presumed influence on health behaviors by integrating theories of normative influence. In response to calls for research that clarify causal mechanisms of the IPI hypothesis (Tal-Or, Tsfat, & Gunther, 2009), an experiment was conducted.

The study examined presumed influence of media messages promoting PrEP (pre-exposure prophylaxis - a daily pill protecting people from HIV infection). PrEP is beneficial for women at risk of HIV infection (i.e., low income women of color), because women can protect themselves from HIV infection without risking harm or disadvantage as a result of requesting partners' cooperation for safer sex. However, PrEP has been significantly underutilized by cisgender women due to social barriers such as lack of promotion targeting women, low awareness, and stigmatization (Patel et al., 2019). Thus, this study examines willingness for information seeking and community health advocacy about PrEP as behavioral outcomes of presumed influence.

A total 675 Black and White cisgender women with low to mid-income were recruited from two cities with the highest HIV infection rates: metropolitan Atlanta, Georgia, (n = 338, 50.1 %) and the greater Washington, D.C. area (n = 337, 49.9%). Black women with low income were oversampled because they have high risk of HIV infection.

According to the IPI hypothesis, perception of others' exposure to PrEP messages was manipulated by media reach (local vs. nationwide conditions). The results supported the expectations. Perceived exposure shapes perceived influence of the message on others, which in turn affects one's own intentions for further information seeking about PrEP (e.g., consulting with healthcare provider) and public discussion and engagement (e.g., volunteering for community PrEP campaign). As hypothesized, descriptive norms and injunctive norms interact with presumed influence differently, affecting behavioral intentions.

In conclusion, this study found that subjective inferences of others' media exposure and media influence enhance their own behavioral intention through normative perceptions. This study specified different roles of descriptive norms and injunctive norms in the process and provided evidence for the causal relationships. As a theory of indirect media effect, the IPI hypothesis occupies a unique position in media effect theories and is a useful theoretical framework for health communication.

Leading Interdisciplinary and Translational Collaborations for Addressing Health Disparities

Christine Goldthwaite, Rutgers Center for Organizational Leadership

Sara Spear, Rutgers Center for Organizational Leadership

Ralph Gigliotti, Rutgers Center for Organizational Leadership

It is well established that addressing intractable problems such as health disparities require interdisciplinary and translational approaches that take account of the social, cultural, economic, and environmental factors contributing to the persistence of such problems. Across scholarly and professional accounts of organizing for interdisciplinarity and translational science, communication is recognized as a foundational element. As articulated by the National Academies (2005) report on interdisciplinary research, “the heart of interdisciplinarity is communication—the conversations, connections, and combinations that bring new insights” (p. 19). Similarly, this emphasis on interdisciplinarity, communication, and boundary spanning is prominent in the field of translational science—the investigation of scientific and operational principles regarding the translation of observations in the laboratory, clinic, and community into interventions that improve the health of individuals (Gilliland, et al., 2019; Smith, et al., 2017).

Leading a diverse network of collaborators and stakeholders requires the thoughtful design of engagement strategies and structures that consider the underlying beliefs about communication (Aakhus, 2007; Aakhus & Bzdak, 2015). A prominent idea in the scholarly literature centers on the importance of interaction and integration across disciplinary boundaries. These activities include interaction as in the case of different disciplines working separately on the same problem, to more extensive efforts involving the integration of different disciplinary methods or concepts, the merger of propositions across disciplines, or the creation of new hybrid interdisciplinary fields (Klein, 2017; Paxson, 1996). In addition to cross disciplinary collaboration among researchers, addressing health disparities requires engagement with government agencies, communities, and community-based physicians (Zerhouni, 2003).

The question of how to best organize for interdisciplinary research and translational scientific practice continues to be raised within higher education, academic health, and governmental agencies, yet despite considerable enthusiasm, the barriers to its success can be formidable. As Whitmer et al. (2010) note, “Academic institutions have enormous potential to transform the interface between science and society, but realizing this potential is hindered by institutional structures, review and reward systems, and funding mechanisms” (p. 314). Additionally, leadership deficits, mismatched skill sets, and project organization and team dynamic dysfunctions are other factors that contribute to its failure (Klein & Porter, 1990; Siedlok & Hibbert, 2014). According to the literature, effective leadership requires disciplinary knowledge and knowledge of related areas, problem solving skills, management of schedules and core tasks, budgeting, performance monitoring, communication and public relations with key external stakeholders, and a range of interpersonal skills to facilitate internal team processes and motivate and integrate intellectual contributions (Benoliel & Somech, 2014; Klein & Porter, 1990; Porter, Roessner, Cohen, & Perreault, 2006).

In centering communication as the foundation of interdisciplinary and translational activities, this paper considers how leadership, which we conceptualize as “the design and implementation of messages, strategies, processes, and structures to facilitate social influence” (Ruben & Gigliotti, 2019, p. 57), enables interdisciplinary and translational activities for addressing health disparities. The goal is to provide a research-informed toolkit—grounded in communication and leadership theory and practice—that can be used to inform the development of collaborative efforts for addressing health disparities.

Longitudinal Analysis of Third-Year Medical Students' Uncertainty during Clinical Rotations: An Uncertainty Management Perspective

**Anna M. Kerr, Ohio University, Heritage College of Osteopathic Medicine
Charee M. Thompson, University of Illinois, Urbana-Champaign**

Uncertainty is unavoidable in-patient care and medical decision making (Seely, 2013). Yet, physicians often go to great lengths to suppress uncertainty to preserve patient trust or avoid seeming incompetent (Braddock et al., 1999). Given that conversations about uncertainty are central to shared decision making (Politi et al., 2007), teaching future physicians to manage uncertainty is pivotal in providing quality patient care (Luther & Crandall, 2011). The third year of medical school, when students at most institutions begin clinical rotations, is a critical time to address uncertainty because students shift from the classroom to the clinic where they are confronted with the uncertainties of patient care and where they establish communicative behaviors they will carry into their career. Accordingly, this study is framed by uncertainty management theory (Brashers et al., 2000), which posits that a person's emotional reactions to uncertainty shape their appraisal of the uncertainty as an opportunity or a danger, which in turn determines the person's response to uncertainty. In the current study, we examined medical students' reactions to uncertainty, including (a) anxiety, (b) concerns about bad outcomes, (c) reluctance to disclose uncertainty to patients, and (d) reluctance to disclose mistakes to physicians:

RQ1: How do reactions to uncertainty change during their first year of clinical rotations?

H1: Intolerance of uncertainty positively predicts reactions to uncertainty.

We conducted a longitudinal analysis of medical students' intolerance of and reactions to uncertainty, surveying 273 students from a Midwestern college of medicine at four phases during their third year (orientation and every 12 weeks thereafter). Each online survey was available via Qualtrics for one week. We offered students gift cards for their time (\$5-\$15 per phase). Across the phases, the sample was largely White and fairly evenly divided in terms of gender. We employed mixed models in SPSS to assess change over time (RQ1). We included phase, gender, age, and intolerance of uncertainty (H1) as covariates. Results revealed that reactions to uncertainty (anxiety and concerns for bad outcomes) did not significantly change during the third year; however, intolerance for uncertainty predicted anxiety ($p < .001$; 95% CIs [.30, .54]) and concerns for bad outcomes ($p < .001$; 95% CIs [.38, .67]) at each phase. Reluctance to disclose uncertainty to patients ($p < .05$; 95% CIs [-.12, -.001]) and physicians ($p < .05$; 95% CIs [-.19, -.003]) significantly decreased during the third year. Gender also predicted reluctance to disclose, with women reporting lower reluctance to disclose to both patients ($p < .05$) and physicians ($p < .10$) than men across all phases.

Overall, findings suggest that medical education should normalize the experience of medical uncertainty to minimize students' negative affective responses. Training can help equip students with the skills to manage their uncertainty, their reactions to it, and the effects uncertainty may have on their patient-provider and student-preceptor relationships. It is promising that reluctance to disclose uncertainty with both primary stakeholders--patients and physicians--decreases during the third year. Even so, students higher in intolerance of uncertainty and male students may need more targeted training.

“Masks don’t work”: COVID-19 misinformation perceptions and corrective strategies on Facebook

Porismita Borah, Washington State University
Sojung Kim, George Mason University
Ying Chia (Louise) Hsu, Washington State University

As the whole world is enduring the COVID-19 pandemic, there has been another attack alongside termed as the “infodemic”(WHO, 2020). COVID-19 has also become a case of strong political polarization in the U.S. (Dong, et al., 2020). For example, television hosts from Fox news called the public healthcare crisis a hoax (Rupar, 2020). As such there has been an increasing interest in examining the influence of corrective messages on misinformation perception (Lewandowsky, et al., 2012; Vraga & Bode, 2017). With the prolific nature of misinformation around COVID-19 corrections of false information are deemed more than essential. In the current study, we extend the line of research on corrective messages (e.g., Lewandowsky, et al., 2012), to examine the impact of correcting misinformation using a theory-based approach (e.g. Borah, 2011) with the help of individual vs. collective framed corrective messages. Individual framed messages portrays a health crisis or behavior in individual terms while a collective message frames an issue in terms of benefits the community to maximize the benefits of a behavior (e.g. Jordan et al., 2020).

To understand the impact of message frames (individual vs. collective) as a corrective strategy, we conducted an online experiment with a false message about wearing face masks posted on Facebook. The corrective message is framed as either individual or the collective. The data was collected via the survey firm Lucid, between July 31 to August 13, 2020. Our final sample was 640. Along with examining the impact of the message frames, we tested the influence of variables such as use of partisan media, cognitive and critical thinking, credibility and emotional reactions to the Facebook post and corrective message.

Findings from a hierarchical multiple regression analysis model shows that the variables explained 63.7% of the total variance. Among the control variables, partisan ID was significant ($B = -.11$, $p < .001$) such that republicans showed higher misinformation perceptions about wearing masks to combat COVID-19. Findings from the second block showed that higher exposure to liberal media was associated with lower misperceptions ($B = -.10$, $p < .01$), while exposure to conservative media was associated with higher misperceptions about wearing masks ($B = .15$, $p < .001$). Findings also show that higher credibility perceptions of the Facebook post ($B = .21$, $p < .001$) and positive reactions toward the post ($B = .37$, $p < .001$) were associated with higher misperceptions while negative emotions toward the post ($B = -.12$, $p < .001$) were associated with lower misperceptions. Plus, higher credibility perceptions of the corrective comment ($B = -.11$, $p < .001$) were associated with lower misperceptions while negative emotions toward the comment ($B = .18$, $p < .001$) were associated with higher misperceptions. Finally, the results from the two frames used in the corrective comments show the individual frame ($B = -.11$, $p < .001$) was associated with lower misperceptions about mask-wearing to combat COVID-19. Our findings have important theoretical and practical implications for health communication research.

Medical Mistrust and the COVID-19 Vaccine: Cultural Concerns, Disparities, Racism, and Stigma

Jared Critchfield, Independent Scholar

In public health crises such as Ebola, H1N1, MERS, and SARS, health disparities and inequities have often gone unnoticed or are purposely ignored, especially when those suffering are perceived as Others, regardless of actual or perceived distance. However, health concerns for individuals and societies transcend all geographical and imagined boundaries, due to rapid travel and migration. The COVID-19 pandemic has enlightened many about health concerns and exposed differences in healthcare people receive depending on multiple factors including age, ethnicity and race, gender identity, sexual orientation, and socioeconomic status. The pandemic has also more fully illustrated that Black people in the United States are facing three simultaneous health emergencies: all the concerns of COVID-19; the effects of racism and its impact on health and life expectancy; and ongoing stress related to the possibility—or probability—of experiencing police brutality. These three pandemics facing Black Americans are in addition to mistrust of medical procedures and professionals due to previous unethical practices such as the Tuskegee Experiment and the use of Henrietta Lacks' cells without consent.

Ongoing health communication challenges such as the late diagnosis or misdiagnosis of autism in African American children also contributes to the lack of trust of medical professionals and their healthy suggestions. Health communication research has too often focused on improving physician-patient interactions and the efficacy of specific health intervention or promotion campaigns without considering the cultural concerns of those affected and studied. Institutionalized racism affects medical professionals and the patients they care for, as does stigmatization of patients and their caregivers and family members. This paper addresses these health issues and how they are intertwined with national and regional boundaries, political and social stability, and inequities stemming from racism and stigmatization and the lack of cultural considerations in healthcare. Each of these issues must be carefully considered at all levels of government and society in order for a COVID-19 vaccine be accepted and appropriately administered within vulnerable U.S. populations.

Message design strategies to engage African Americans' in pharmacogenomics research: insights from the Discovery Project

Sanjana Ramesh, Department of Communication Studies, Center for Communication and Health, Northwestern University, Chicago, IL, United States

Courtney L. Scherr, Department of Communication Studies, Center for Communication and Health, Northwestern University, Chicago, IL, United States

Isaac Conner, Department of Communication Studies, Center for Communication and Health, Northwestern University, Chicago, IL, United States

Minoli A. Perera, Department of Pharmacology, Center for Pharmacogenomics, Feinberg School of Medicine, Chicago, IL, United States

Introduction: Pharmacogenomics (PGX) research explores how genes affect drug therapy response to inform medication dosage guidelines and reduce adverse drug reactions. Underrepresentation of African Americans (AA) in PGX research remains problematic, hindering clinical translation of findings and exacerbating health disparities. Despite (mostly hypothetical) evidence that AA patients hold favorable attitudes towards genomic research, efforts to identify effective recruitment messaging strategies are lacking. The African American Cardiovascular Pharmacogenomics Consortium was established to discover (Discovery Project) and translate PGX findings to improve AA health outcomes. This sub-study identifies and confirms AA patients' beliefs, attitudes, and intentions towards participating in PGX research at the time of recruitment for the Discovery Project. Findings will inform recruitment messaging strategy for broader testing.

Methods: Clinical research coordinators recruited patients (N = 45) who accepted or declined Discovery Project participation at Northwestern Memorial Hospital. Eligible patients were (1) self-described AA, (2) over 18 years, (3) receiving treatment with selected anticoagulant medications, and (4) English-speaking. Guided by the Integrative Model of Behavioral Prediction, qualitative interviews explicated attitudes, norms, and efficacy beliefs that influenced patients' participation decisions. Interviews were recorded, transcribed, and analyzed using deductive thematic analysis.

Results: Sixteen patients who accepted (n = 12) or declined (n = 4) Discovery Project participation completed the interview. The average age was 62.9 (SD = 8). A majority of patients were female (n = 12; 75.0%), retired (n = 8; 59.0%), and completed some college (n = 9; 56.2%). Patients who accepted participation expressed favorable attitudes towards PGX research. Many recognized the perceived health benefits of participation for themselves as well as the AA community. Commonly identified reasons for declining participation included mistrust and data privacy concerns. All patients voiced a high degree of autonomy over their participation decision and believed that others' opinions would not influence their enrollment. Similarly, all patients indicated that they felt comfortable and confident in providing the required blood draw for participation due to their familiarity with the procedure.

Conclusion: Based on these preliminary findings, two sets of recruitment message strategies will be designed and tested with a broader AA population. The first will manipulate message format, specifically to determine whether the inclusion of a patient narrative testimonial more effectively promotes AA intentions to participate in PGX research. While patients reported that normative influence would not impact their decision to participate in the Discovery Project, some who declined indicated a lack of knowledge or misunderstanding about PGX research. Theoretically, narratives may successfully overcome these barriers to study participation. Patients who enrolled in the Discovery Project illustrated an altruistic motivation to participate in research to improve AA health outcomes, particularly when doing so will benefit other AA. Therefore, the second set of strategies will manipulate message factors to determine if emphasizing individual and/or community benefit would motivate research participation intentions more effectively. The next phase of this study will determine the effectiveness of these message strategies to develop a set of evidence-based recruitment strategies to improve AA participation in PGX research and other precision medicine studies.

Nationwide Newspaper Coverage of State and Local Government Responses to the Coronavirus: Community Structure Theory and Political Partisanship

Deanna Amarosa, The College of New Jersey
Dylan Lembo, The College of New Jersey
Kieran Nashad, The College of New Jersey
Brandon Yacovacci, The College of New Jersey
John C. Pollock, The College of New Jersey
Breeda Bennett-Jones, The College of New Jersey

A community structure analysis (Pollock, 2007, 2013, 2015) compared city characteristics and nationwide newspaper coverage of state and local government response to the COVID-19 Pandemic in newspapers in 25 major U.S. cities, sampling all 250+ word articles from 3/11/20 - 10/2/20. A total of 495 articles were coded for editorial “prominence” (placement, headline size, article length, presence of graphics) and “direction” (favorable, unfavorable or balanced/neutral: coverage) and then combined into each newspaper’s composite “Media Vector” (range = +0.0502 to -0.1792 or .2294). Twenty of the 25 newspapers (80%) yielded unfavorable media coverage of state and local government response to COVID-19.

Overall, two major demographics patterns were confirmed. First, a “political partisanship” hypothesis (media reflecting the interests of a community’s dominant political affiliation) was robustly confirmed. Cities with higher percentages of Democratic voters ($r = 0.403$, $p = 0.023$) were linked to more favorable coverage of state and local responses to COVID-19, while a higher percentage of Republican voters in a city was linked with more unfavorable coverage ($r = -0.419$, $p = 0.019$). These findings are consistent with similar patterns found previously linking newspaper coverage of US federal/national government responses to COVID-19 to political partisanship (Pollock, et al., 2020).

Second, a “belief system” measure confirmed that greater percent of Mainline Protestants in a city ($r = -.401$, $p = .024$) was linked to unfavorable coverage of state and local responses to COVID-19. These findings confirm previous research about COVID-19 coverage in an earlier sample period. Forthcoming research studied coverage related to state and local responses to COVID-19 from late January to early April, 2020, finding a link between Mainline Protestant membership and negative coverage ($r = -0.567$, $p = .002$) (Pollock, et al, 2021).

Regression analysis revealed that the city characteristic voting Republican accounted for 20.7% of the variance associated with unfavorable coverage, and a greater percentage of Evangelical belief system another 8.2%, totaling 28.9% of the variance associated with unfavorable coverage of state and local responses to COVID-19.

Empirically, media coverage of state and local government responses to COVID-19 confirmed it as a national issue associated with political partisanship and belief system stakeholders. Methodologically, combining measures of both “prominence” and “direction,” highly sensitive Media Vectors highlighted the capacity of media to reflect community characteristics. Theoretically, emphasizing the influence of local demographics, community structure theory complements agenda-setting theory at the national level, reconfirming the findings of an original founder of agenda-setting (Funk & McCombs, 2015), that both nationally prominent newspapers (agenda setting) and local community characteristics/concerns (community structure) can affect coverage of critical local issues.

Nick Saban and the Rhetoric of the False Positive: COVID-19 News Coverage Narratives

R. Pierre Rodgers, George Mason University

While the novel coronavirus has altered nearly every aspect of daily living, its effects have certainly impacted the sports world. From youth sports to the professional level, spectators—live and mediated—and participants have dealt with game cancellations and worries that a favorite player, team, or coach is infected. When the University of Alabama’s head football coach, Nick Saban, got word that he came down with covid-19 days before the biggest game of the 2020 season to that point, it sent shockwaves across the sports world (Dellenger, 2020). Per Southeastern Conference (SEC) medical protocol, Saban immediately went into self-isolation (SEC Task Force, 2020); however, he also was retested for three straight days afterwards, dramatically learning that the original diagnosis was a false positive (Scarborough, 2020; Collins, 2020; Conway, 2020). On game day, Saban was cleared to coach and, incidentally, led the team to a victory (Blinder & Wu, 2020; Towers, 2020).

The notion of covid-19 false positive (or mixed) results has been acknowledged by Matthews (2020) and the US Food and Drug Administration (2020) when laboratory staffers and health care providers note that “false positive results can occur with antigen tests, including when users do not follow the instructions for use of antigen tests for the rapid detection of SARS-CoV-2.” Conversely, West et al. (2020) posit, “false-negative results are consequential. Individuals with these results may relax physical distancing and other personal measures designed to reduce the transmission of the virus to others.”

Using news accounts reporting on Saban’s initial false positive diagnosis, this case study deals with the health communication rhetoric surrounding the discourse and implications for audience perceptions and awareness of false positive and false negative narratives. Specifically, as suggested by Foss (2009) and Sillars and Gronbeck (2001), elements of narrative criticism (e.g., structure, characters, peripeteia) will guide the analysis of disparate articles referencing the Saban false positive situation.

Parents as Gatekeepers? Co-Viewing in Entertainment Education to Improve Health Outcomes

Sapna Suresh, Northwestern University

Nathan Walter, Northwestern University, Montoya, Sentient Research Aaron Plant, Sentient Research

INTRODUCTION. Entertainment-education is a transtheoretical approach to behavior change that leverages narrative-based programming as a vehicle for pro-social messaging (Sabido, 2003). Despite the successes of such interventions in moving the needle on wellbeing issues in a number of countries (e.g., Wilkin et al., 2007), much remains to be done with regards to the health and safety of women in Mexico – including addressing a growing number of unintended pregnancies, low rates of effective contraceptive use, and pervasive gender-based violence (Guttmacher Institute, 2013). In order to tackle these issues, the present research involves a field experiment conducted in Mexico in partnership with the producers of a popular telenovela, *Vencer el Miedo*, to assess its impact on health and wellbeing outcomes.

Of particular interest is the role of caretakers as facilitators of health information transmission in the context of narrative interventions. Extant research points to parents and related guardians as the single largest influence on adolescent sexual decision-making despite the fact that they routinely underestimate the role that they play (Ashcraft, 2018). As such, it stands to reason that co-consumption of educational content will facilitate greater discussion, knowledge-sharing, and information exchange on these topics, thereby augmenting the persuasive impact of the show. A primary focus of this study is therefore to identify the influence of co-viewing habits (i.e., with parents, siblings, children) in entertainment-education interventions.

METHOD. This study employs a pretest–posttest field experiment in which a sample of 1,640 adolescents and 820 parents in five key metropolitan zones in Mexico were included. Likely viewer participants ($n = 2,460$) responded to the pretest questionnaire via street intercept, and active viewers ($n = 2,460$) were recruited in the posttest phase via street intercept and telephone interview; unlikely viewers and non-viewers were used as controls in the pretest and posttest respectively. Participants were assessed on a battery of measures including co-viewing habits, adolescent and parental attitudes toward sexual health and relationship dynamics, interpersonal communication about sexual and reproductive health, information seeking, and contraception use.

RESULTS. Preliminary analyses reveal that the majority of viewers spoke with someone else during or after watching the telenovela. 68% of adolescents watched the program with their parents, and a large proportion did so with their mothers specifically (12-15, 61.4%; 16-19, 53.8%). In terms of outcomes, compared to non-viewer parents, parental viewers reported significantly earlier ages at which they should speak to their children about sex ($t = 2.23$, $p = .026$) and indicated fewer hesitation beliefs regarding conversations about sex ($t = 2.00$, $p = .045$; $t = 2.85$, $p = .004$). Furthermore, significantly more parental viewers (vs. non-viewers) spoke with their children about sex ($\chi^2 = 4.66$, $p = .031$), condom usage, ($\chi^2 = 6.00$, $p = .014$), and abstinence ($\chi^2 = 5.74$, $p = .017$) in the three months prior to being assessed in the survey.

CONCLUSION. The findings from this field experiment add nuance our understanding of the effectiveness of entertainment education interventions, suggesting that co-consumption with important figures in the lives of the target population can amplify and extend the show's impact by initiating new patterns of communication.

Profiling Cancer Patients Online: Using Cluster Analysis based on Motives for Online Health Information-Seeking

Song Duimel, ASCoR
Annemiek Linn, ASCoR
Ellen Smets, Amsterdam UMC
Eline Smit, ASCoR
Julia van Weert, ASCoR

Background: The Internet is particularly a convenient medium since it provides abundant information at any time. In other words, the Internet gives people the opportunity to be self-active in finding information and support relevant to them. Today, much research exists that describes how cancer patients seek online and which predictors are associated with patients' online health information-seeking behavior (OHISB). Less research has been done into what actually drives (i.e., motives) cancer patients to seek online. Study findings show that patients often try to find cancer-related information for various reasons, such as to understand their disease, to complement, validate and/or challenge the information given by their health provider, to connect to and/or seek social support from fellow cancer patients, to exchange and/or ask for experience or as a result from dissatisfaction with patient-physician relationship or medical encounters. However, to date, no prior research is known that explored the predictors of the different motives to seek online.

Objective: This study aims to identify cancer patient profiles based on their motives to seek online health information in order to assist health providers to tailor their patient referral to online health information.

Participants and methods: The current study gathered data from cancer patients that are registered on a Dutch website, Kanker.nl and who agreed to be part of a research panel. This online platform is accessible to a wide audience (e.g., current patients, ex-patients, close relatives) and consists of three different parts that each provide a variety of cancer-related information and support. A total number of hundred and seventy-eight (ex-) patients. Participants' sociodemographic, health related characteristics, and motives (complimenting information, validating information and contact with peers) for their online health information-seeking behavior (HISB) were examined. Hierarchical cluster analysis was used to identify the profiles.

Preliminary-results: Based on the stability, interpretability and comparability of the clusters with regard to their scores on the motives and predictors data analysis revealed four profiles: 'average literate seekers' (34.4%), 'distressed all-rounders' (23.9%), 'reasonable literate informers' (28.6%), and 'lowest literate supporters' (14.1%). In addition to these differences in motives, clusters differed on psychological distress (i.e., intrusive thinking), intolerance for uncertainty and eHealth literacy.

Conclusion: The results of this study reveal that heterogeneity of cancer patients' motives to seek for health information online exists. By adopting a cluster analysis as a method, this study approaches the online information and support needs of cancer patients in a completely innovative way on a methodological level. With regard to cancer patients' motives to seek information and support online, no other research is known to adopt this method. Finally, by identifying different cancer patient profiles according to diverse online information and support needs this study acknowledges the heterogeneity that exists among cancer patients' motives to seek online. Health providers could use the profiles as tailoring method to refer their patient to online health information and support or platforms relevant to them. Furthermore, triangulation of qualitative and quantitative research is needed to gain more understanding of cancer patients' online health information-seeking behavior.

Public Health in the Misinformation Era: A Conceptual and Theoretical Overview

Seth McCulloch, Purdue University

The spread of misinformation presents a serious societal issue, affecting numerous domains such as human health, political news, and, more broadly, the integrity of the scientific research community. In an information landscape that allows for the rapid spread of information that is largely unverified and not necessarily factual, misinformation has flourished. In part, this is due to the flourish of social networking sites that largely lack formalized gatekeepers and offer few efforts to fact check information. Extant literature on health misinformation has largely lacked theoretical guidance (Wang et al., 2019), which is problematic as theory allows for researchers to craft more effective messages and behavioral interventions and also provides valuable insight into the psychological and social processes that are associated with behavioral phenomena. This article seeks to fill this gap by offering a theoretical and conceptual overview of misinformation, as it relates to health and wellbeing. First, the paper defines misinformation and establishes boundary conditions between misinformation and similar types of false information (such as rumor or disinformation). Then, it discusses the importance of misinformation as a public health issue, reviews theoretical explanations of misinformation effects, offers insight into using theory for the development of misinformation correction interventions, and provides recommendations for future research needs in the misinformation literature.

Representing Reproductive Decision-Making: A Comparative Study of Entertainment-Education Impact on Abortion-Related Outcomes

John J. Brooks, Northwestern University

Nathan Walter, Northwestern University

Gretchen Sisson, Advancing New Standards in Reproductive Health (ANSIRH), University of California, San Francisco

Stephanie Herold, Advancing New Standards in Reproductive Health (ANSIRH), University of California, San Francisco

Despite the fact that abortion is a common and necessary medical procedure in the United States, public opinion has been mired in a contentious stalemate for roughly the last 25 years—although a majority (61%) of Americans support one’s right to choose, a considerable portion of the population (38%) remains staunchly opposed. Because rhetorical arguments in favor of reproductive health have had limited success in shifting public opinion, public health officials, scholars, and reproductive rights advocates have turned to storytelling to provide information about and garner support for abortion. Accordingly, entertainment-education (E-E) has become an increasingly popular strategy for conveying reproductive health information: by integrating informative/educational content into popular entertainment programming, E-E interventions can capitalize upon a show’s built-in audience to reach diffuse segments of the population.

To empirically assess the impact of abortion-focused entertainment-education content, we evaluated two complementary yet distinct E-E storylines. The first study reports pretest/posttest data from a natural experiment among viewers of *Grey’s Anatomy* (N = 274), wherein the episode featured a storyline about a young mother who attempts a self-managed abortion prior to receiving medical advice and treatment to safely terminate the pregnancy. The second details post-test-only data from a more traditional experiment, in which non-viewers of *13 Reasons Why* (N = 120) were exposed to either a storyline about a teenage girl who chooses to terminate an unwanted pregnancy from her now-ex boyfriend or a no-message control. Both narratives provide information about the abortion procedure, offer guidance about reproductive health decisions, and make arguments in favor of access to abortion, and yet it is possible that these depictions might differentially influence the audience’s support for abortion as well as abortion-related knowledge and self-efficacy. Further, given the partisan associations of the pro- and anti-abortion positions, we propose that individual differences in political ideology might moderate the narrative’s effects on these outcomes.

Our findings for Study 1 indicate that exposure to the *Grey’s Anatomy* storyline improved abortion knowledge compared to those who did not watch the episode, but the episode did not have a significant direct effect on either support for abortion or self-efficacy. In terms of moderated effects, the interactions between political ideology and abortion knowledge or self-efficacy were non-significant, though political ideology did moderate the relationship between exposure and support for abortion. The findings for Study 2 indicate a more robust impact: exposure to the narrative from *13 Reasons Why* had a significant positive effect on support for abortion and abortion knowledge, with a borderline effect on self-efficacy. Our tests of the indirect effects of participants’ political ideology suggest that it moderated the relationship between exposure to the narrative and support for abortion, but not knowledge or self-efficacy. We propose that representational differences in protagonist (twentysomething mother vs. childless teen), rationale (unable to afford another child vs. not ready for children), and plot significance (sub-plot vs. focal), among others, might help to explain these findings, and discuss implications for maximizing the impact of future E-E interventions.

Resilience, community connectedness as protective factors of sexual minority women/gender minority individuals' coping strategies

David S. Cordero, Annenberg School for Communication, University of Pennsylvania
Mary E. Andrews, Annenberg School for Communication, University of Pennsylvania
Elaine P. Hanby, Annenberg School for Communication, University of Pennsylvania
Ashley N. Sanders-Jackson, Department of Advertising and Public Relations, College of Communication Arts and Science, Michigan State University,
Andy S. L. Tan, Annenberg School for Communication, University of Pennsylvania

Among sexual minority women (SMW) and gender minority individuals (GMI), individual resilience (Russell, 2004) and LGBT community connectedness (Frost & Meyer, 2012; Lambe et al, 2017) are documented buffers to stress. In July 2020, as part of a larger online study, we collected participants' individual resilience, community connectedness, and coping strategies employed in the last month. With the COVID-19 pandemic and demonstrations across America as backdrops during the survey period, participants' responses allow us to test previous findings suggesting individual resilience and community connectedness are protective factors. Below we analyze how individual resilience and community connectedness are associated with coping strategies.

Methods: We recruited 307 participants who were either SMW (n=271) or GMI (n=36) and were either never smokers (n=150) or current smokers (n=157). We measured their individual resilience (six-item brief resiliency scale (BRS); Smith et al, 2008), LGBT community connectedness (eight-item scale; Frost & Meyer, 2012) and different coping strategies—some healthy (e.g., contacting a healthcare provider), others unhealthy (e.g., drinking more alcohol)—that they may have employed that past month to cope with current events. We conducted logistic regressions to assess the associations between BRS and LGBT community connectedness constructs with various coping strategies. We then stratified the analyses among never and current smokers.

Results: Individual resilience is associated with higher odds of contacting a healthcare provider (OR=2.52, 95% CI=1.45, 4.37, $p<.001$). Smoker status moderated this relationship, such that among never-smokers resilience is associated with contacting a healthcare provider (OR= 2.03, 95% CI=.97, 4.30, $p<.1$) compared with increased odds among smokers (OR=3.24, 95% CI= 1.43, 7.34, $p<.005$). LGBT community connectedness is associated with higher odds of eating more food than usual (OR = 1.41, 95% CI = 1.04, 1.91, $p<.05$). Smoker status also moderated this relationship, such that among never-smokers increased connectedness is associated with higher odds of eating more (OR=2.14, 95% CI=1.31, 3.48, $p<.005$) compared with reduced odds among smokers, (OR=.44, 95% CI=.23, .84, $p<.05$). Community connectedness, like resilience, is associated with higher odds of contacting a healthcare provider (OR=2.05, 95% CI1.20, 3.50, $p<.01$). Smoker status similarly moderated the relationship, such that among smokers increased connectedness is associated with higher odds of contacting healthcare providers (OR=2.64, 95% CI=1.15, 6.08, $p<.05$) and is not associated with contacting healthcare providers among never-smokers (OR=1.69, 95% CI= .85, 3.30, $p<.15$).

Discussion: Individual resilience and LGBT community connectedness appear to be protective mechanisms, as they are associated with higher odds of reaching out to healthcare providers in times of stress. This result contradicts previous findings that individual resilience was negatively correlated with connecting with healthcare professionals (McNair & Bush, 2016). Smoker status moderated several relationships, especially for those who reported higher levels of community connectedness. For food consumption, we are inclined to believe it may be related to smoking's tendency to reduce appetite and increase satiety (McGovern & Benowitz, 2011, Chao et al, 2017), but further research is needed to understand the how smoker status interacts with community connectedness to moderate eating habits.

Rhetorical Reconstruction of Identity in Gay Patients Recovering from Prostate Cancer: Narrative Theory and Message Intervention

**William West, University of Minnesota
Simon Rosser, University of Minnesota**

We analyzed qualitative comments from patients in two NIH-NCI studies conducted to determine issues specific to gay patients undergoing cancer treatment and in the second study to evaluate interventions designed to improve quality of life in these patients. Both studies were RCTs (n=93 and n=202).

The comments follow traditional narrative disease patterns: equilibrium disrupted by a disease process reconstituted into a 'new normal'. This particular disease changes sexual functioning and as other studies have shown, in this population these changes affect identity. The studies we conducted were mixed-method and several scales quantified significant changes in identity: self-definition of masculinity (common with heterosexual controls) and unique and significant changes in identity as gay men. Other scales measured internalized homonegativity as well as more traditional psychometrics.

The typical disease narrative details a disruptive phase that occasions a new rhetorically constructed identity that is mediated by medical, support group and cultural context (in reverse order). We discovered that the narrative in this population is best described using Todorov's model and that health messages can be constructed for each phase of this model to intervene or reinforce progress along this narrative path. We know that medical outcomes are worse for this population. We also know, from the qualitative comments, that they are survivors of the AIDS epidemic with learned suspicion of the medical world and face clinicians as they navigate cancer treatment who do not appear to comprehend gay sexuality and its place in identity reformation. Studying how this gap in patient-provider communication inhibits healthy reintegration of identity is inherently interesting and has important clinical implications.

Test Positive Me/Family/Friends: Investigating COVID-19 Patients' Expressions on Subreddit r/COVID19postive

Kun Yan, University of Arizona
Qiwei Luna Wu, Texas A&M University
Kaylin L. Duncan, University of Arizona

Background: COVID-19 unprecedentedly challenges individuals' health and emotions. During self-quarantine, patients report online their heightened stress, anxiety, fear, confusion, and anger in response to the pandemic (Brooks et al., 2020). Little research has examined whether or not COVID patients' online interactions and emotions drove the massive information exchange online.

Objective: This study examines how emotional and cognitive factors trigger aggregated peer responses in a large patient forum, r/COVID19postive. Given that users in this forum self-categorize into self-information seekers/disclosers (self ISD) or surrogate information seekers/disclosers (surrogate ISD), we further address message differences between these two types of users.

Methods: Using "RedditExtractor," we retrieved 1,221 posts on r/COVID19postive in two weeks (June 21-27 and July 5-11) in 2020. To answer the research questions, we conducted textual analysis using Linguistic Inquiry and Word Count 2015 (LIWC). LIWC can provide the percentage of emotionality (i.e., words covering positive emotion, sadness, anger, and anxiety) and cognitive processes (i.e., words regarding insight, causation, discrepancy, tentative, certainty, and differentiation) per post (Pennebaker et al., 2015). Topic modeling with the latent Dirichlet allocation (LDA) approach was also conducted to detect the topics embedded in the posts.

Results: First, the study found that the posts ($N = 1,221$) with more angry expressions (e.g., hate and annoyed) and insightful words (e.g., think and know) had higher odds to garner comment (Incidence Rate Ratios (IRR) = 24.40, $p = .013$ for anger and IRR = 1.56, $p = .013$ for insights). Contrarily, posts with higher proportions of tentative words (e.g., maybe and perhaps) was inversely related to the likelihood to receive comments, IRR = 0.73, $p = .003$. Regarding the upvote, posts with more sadness ($\beta = .07$, $p = .017$) and positive emotions ($\beta = .08$, $p = .017$) received higher percentages of upvotes. For the differences between posts by self ISD ("test positive me" posts, $n = 263$) and the posts by surrogate ISD ("test positive family/friends" posts, $n = 85$), the former included higher proportions of negative emotions, $t(346) = 2.41$, $p = .016$; sadness, $t(246.95) = 3.30$, $p = .001$; tentative words, $t(346) = 2.57$, $p = .011$; and upvotes, $t(107.01) = 2.51$, $p = .014$. Topic modeling also indicated the differences: self ISD discussed some topics that are related to recovery, pain, testing details, and dietary, whereas surrogate ISD focused on topics such as family safety, quarantine, and visit.

Conclusion: This study's findings can provide insights into peer responses for individuals coping with illnesses. We found three post-level factors correlated with the number of comments received on a COVID-19 patient forum. Also, disclosing positive emotions and sadness boosted the percentage of post upvotes. Additionally, we specified how posts differed by self ISD and surrogate ISD. Moreover, posts created by surrogate ISD received lower scores in upvotes than posts by self ISD, suggesting patients who rely on surrogates for health information may receive reduced resources compared to patients who seek resources directly.

Text Messaging for Youth Vaping Prevention: Integrating Framing and Narrative Persuasion

Xiaomei Cai, George Mason University
Xiaoquan Zhao, George Mason University
Andie S. Malterud, George Mason University

Introduction. Electronic cigarettes, or vapes, are the most widely used tobacco product among America's youth (Wang et al., 2020). Effective prevention messages and methods to deliver these messages to youth are needed to combat this evolving public health concern. This study seeks to investigate the potential effects of gain vs. loss framing in narrative vs. expository text messages on youth attitudes and intentions regarding future vaping. With near universal access, texting messaging promises an efficient and effective way to reach youth. Framing is a widely practiced messaging strategy in health communication. Although some theory suggests that the gain frame should work better for prevention messages (Rothman & Salovey, 1997), past research shows that youth actually prefers the loss frame when evaluating vaping prevention messages (Kong et al., 2016). We expect the framing effect, which ever direction it takes, to be more pronounced in the context of narrative (vs. expository) messaging given the advantages narratives have in audience engagement and information processing (Kreuter et al., 2007).

Method. The study was an online experiment featuring a 2 (gain vs. loss) X 2 (narrative vs. expository) factorial design. A convenience sample (N = 485) of at-risk youth ages 13 to 17 were recruited from the Qualtrics online panel and randomized to message conditions. Messages were developed based on previous research and in-depth interviews of 20 youths. Gain- and loss-framed messages featured equivalent informational content. Narrative messages took the form of a series of text exchanges between a pediatrician and a youth patient, while expository messages presented the same health information as individual texts. Attitude toward vaping was measured both before and after message exposure. Intention, risk perceptions, and message receptivity were also measured in the post-exposure questionnaire.

Results. Pre-post t-test showed a significant decrease in favorable attitude toward vaping after message exposure (M = 3.65 vs. 2.48, $p < .001$). Post exposure, gain-framed messages produced greater risk perceptions than loss-framed messages (M = 4.26 vs. 4.08, $p = .017$). Narrative messages produced greater risk perceptions (M = 4.31 vs. 4.04, $p < .001$), less positive vaping attitudes (M = 2.36 vs. 2.61, $p = .038$), and greater perceived message effectiveness (M = 4.48 vs. 4.30, $p = .002$) than expository messages. A significant interaction was observed on attitude ($p = .043$) such that narrative messages showed a distinct advantage over expository messages under gain framing but not under loss framing.

Conclusion. Current findings lend limited support to the idea that the gain frame might work better for vaping prevention messaging. Evidence for the advantages of using narratives to convey vaping risk information is stronger and well aligned with previous research in other health behavior contexts. Both framing and narratives warrant further research and consideration in text-messaging-based youth-targeted vaping prevention efforts.

The ambivalent role of religious leaders – opportunities and risks of including faith-based opinion leaders in health promotion

**Luetke Lanfer Hanna, University of Erfurt
Rossmann Constanze, University of Erfurt**

Since the invention of opinion leadership (Lazarsfeld et al., 1948), decades of research have shown that in any community, there are people to whom others turn for forming an opinion (Weimann, 2016), also in health contexts (Valente & Pumpuang, 2007). Recognizing the influence of religious beliefs on health-related behaviors, the role of religious opinion leaders is gaining increasing attention in strategic health communication. For instance, religious leaders have been used to spread messages on the Ebola virus (Gillespie et al., 2016) or support immunization efforts (Jalloh et al., 2020). However, most studies focused on the positive outcomes of including faith-based leaders in health promotion neglecting risks and unintended negative effects. Moreover, little is known how congregations think about health promotion by their religious leaders and how to prepare faith-based leaders for the task.

Therefore, this study aimed to identify a) the opportunities and risks of including religious leaders in health promotion (RQ1) as well as b) essential components for the strategic inclusion of religious leaders as health messengers (RQ2).

We conducted a qualitative study in Sierra Leone, where religious leaders have been used as conveyors of health information since the country's Ebola outbreak in 2014. Using a triangulation approach, we combined data from three different samples: interviews with local opinion leaders (n = 10) and health communication designers (n = 10) as well as eight focus groups with local citizens in different rural and urban locations (n = 60) in winter 2018. All conversations were audio-recorded, transcribed verbatim and analyzed by qualitative content analysis.

Findings indicate that the involvement of religious leaders during the Ebola outbreak was very successful. A focus on one health topic that affected the whole population, regular trainings and supervision of opinion leaders ensured that even citizens in remote places repeatedly received the messages from trusted sources. However, in a non-emergency setting with less funding, numerous health topics, fewer training and obstructed information flow between designers and opinion leaders, this strategy is prone to message inconsistencies. While most local citizens perceive the amount of health messages as insufficient and welcome teachings by their religious leaders, opinion leaders fear for their reputation if they cannot answer questions. Moreover, when biomedical messages contradict religious doctrines (e.g. contraception, vaccination), religious leaders are less likely to speak about the health topic.

Essential components of a strategy for religious leaders as health messengers should include an endorsement of high-level leaders (e.g. a bishop or sheikh), especially for controversial topics. Training with medical professionals to increase religious leaders' topic knowledge and printed messages aligned with Quranic or Biblical citations can enhance message consistency.

To conclude, our results resonate with other studies about the promising role of religious leaders in emergency situations as they spread the evidence-based information along with messages of hope in times of despair (Spinney, 2019; Slobodin & Cohen, 2020). Furthermore, this study adds new insights into potential risks and solutions how to better incorporate spiritual opinion leaders in health promotion strategies for highly religious groups in non-emergency situations.

The intersection of race, sexual orientation, and gender in perceived argument strength of anti-smoking messages

**Mary E. Andrews, Annenberg School for Communication, University of Pennsylvania
Ashley Sanders-Jackson, Michigan State University, College of Communication Arts and Science
Dominik Neumann, Knowledge Media Research Center**

**Elaine Hanby, Annenberg School for Communication, University of Pennsylvania
David Cordero, Annenberg School for Communication, University of Pennsylvania
Andy Tan, Annenberg School for Communication, University of Pennsylvania**

According to intersectionality theory, people's experiences are influenced by how their intersecting identities interact with structural disparities (Crenshaw, 1989). Intersectionality can impact smoking-related health disparities and the most effective approaches to health communication. Intersectional health communication interventions can help us account for the ways individuals' intersecting identities shape their life experiences that contribute to their processing of health messages (Heard et al., 2020). Here, we focus on how race intersects with gender and sexual identities in terms of processing anti-smoking messages.

There is a higher prevalence of smoking in young adult sexual minority women compared to the general population (O'Cleirigh et al., 2018), and Black (vs. White) smokers are more likely to die from smoking-related diseases (CDCTobaccoFree, 2020). Young adult Black women who identify as sexual minorities may also experience more psychological distress due to several sources of victimization based on their intersecting identities, including sexist, heterosexist, and racist events (Szymanski, 2006). These experiences could contribute to smoking behaviors and how anti-smoking messages are processed.

Methods: We conducted a study to test the perceived argument strength (PAS) of 34 anti-smoking messages among a sample of 306 young adult sexual (70 lesbian, 215 bisexual, 21 other) and gender (268 cisgender women, 5 transgender women, 22 non-binary people, and 11 transgender men) minorities. The anti-smoking messages had a pro-health or an anti-tobacco industry appeal. Participants were either never smokers ($n = 149$) or smokers ($n = 157$). Each participant viewed six messages randomly selected from the pool of 34 messages and rated the PAS of each message (six-item scale; Zhao et al., 2011). Next, they self-reported their race (64 Black participants) and responded to a 14-item scale asking about experiences of being victimized due to their sexual identity (Szymanski, 2006).

We first ran a linear regression examining levels of victimization comparing Black and non-Black participants. Next, we ran a multi-level model to test the interaction between race, victimization, and message appeal on PAS on the anti-smoking messages, while controlling for smoking status, with random intercepts by participant and by message.

Results: Black participants experienced higher levels of victimization than non-Black participants ($b = 0.59$, 95% CI = 0.25, 0.92, $p < 0.001$). There was also a significant interaction between race, victimization, and message appeal on PAS on the anti-tobacco messages ($b = -0.18$, 95% CI = -0.34, -0.01, $p = 0.04$).

Discussion: Black participants experienced more victimization due to their sexuality than non-Black participants, which shows why it is important to consider intersectionality when measuring events that can lead to psychological distress. We also found that the interaction of Black identity, experiencing victimization, and message appeal influences PAS of anti-smoking messages, indicating that anti-tobacco messages framed as pro-health vs. anti-industry are differentially effective for Black participants who experience victimization due to their sexuality. It is possible that Black and non-Black participants respond to victimization differently such that race and identity-targeted events that lead to psychological distress influence how receptive individuals are to anti-industry or pro-health anti-tobacco messages.

The Journey to Pride: A Decade of Transformation Around Patient Centered Care

Susan Avanzino, CSU, Chico

Patient Centered Care (PCC) has brought a revolution to the delivery of healthcare practices, moving the focus squarely on the patient as a whole person, as opposed to illness and treatment. A patient's preference or satisfaction is not a vague value or altruistic hope, rather, positive and empowering patient experiences and related quality measures of effectiveness are essentially mandated, as self-reported outcomes directly impact hospital revenue. In other words, you can heal a patient, but if done in a less than compassionate or caring manner, across services, your hospital may be rated poorly using HCAHPS scores (Hospital Consumer Assessment of Healthcare Providers and Systems Survey). While the medical community has embraced versions of PCC and studied individual aspects of PCC in relation to outcomes, in often single-service units or one type of caregiver, the implementation of this paradigm-shifting model within broader and more complex healthcare facilities, has received less attention.

More importantly, while the patient is positioned as the center of care-giving, the actual caregivers are the agents of organizational or cultural change. In a hospital, all paid and volunteer positions are seen as caregivers, which necessitates the wide-spread adoption and practice of this care model. This qualitative study explores the caregiver experience, after a decade of implementation in a non-profit hospital, to better understand how PCC is interpreted, enacted, resisted, changed, and/or ultimately accomplished. The hospital setting is a community non-profit, full-service, 298-bed, level II trauma center serving a six-county region with over 400,000 residents. A total of 46, full-time hospital employees and volunteers participated in 45-60minute semi-structured, recorded interviews. Participants represented nurses, technicians, clinicians, staff, directors or managers across surgical, medical, neuro, ICU/CCU, O/B, lab, respiratory, and other units, as well as non-clinical services and executives. The caregiver experience, perceptions and observations were the focus of interview questions and lead to analyses that unpacked and revealed both the simplicity and complexity of enacting patient centered care.

Findings were able to provide rich conceptualizations of patient centered care as perceived and practiced, as well as limits and/or constraints to this desired care practice. PCC was explored beyond the individual practice, by including PCC in their units and across the hospital as a whole. Analyses also lead to intriguing comparisons from a data set collected 10 years prior with the same population and even some of the same participants, highlighting transformative qualities and processes. This study addresses the most often overlooked practitioner of patient centered care, hospital caregivers across units and levels. While this hospital has achieved the highest accolades for quality and patient satisfaction, the sense-making experiences and practices of caregivers reveal the hard earned, discursive nature of cultural transformation.

Theorizing Counterpublic Health: Do-It-Yourself Hormone Replacement Therapy and The Construction of Community Space(s)

Jonathan T. Baker, University of South Florida
Brianna R. Cusanno, University of South Florida

Study Rationale: Transgender and gender non-conforming (TGNC) individuals are considered an “at-risk” population with special health needs (Rider et al., 2018). One common risk factor is the use of hormone replacement therapy (HRT) without healthcare provider (HCP) oversight (i.e., DIY HRT) (Rotondi et al., 2013). DIY HRT medications are often procured through friends, street vendors, online pharmacies, or foreign-based pharmacies (Sanchez et al., 2009). To mitigate the risks of DIY HRT, many TGNC individuals use online forums to communicate about DIY HRT and ask/answer safety-related questions (i.e., accessing/interpreting blood test results) (Edenfield et al., 2019). Further research is needed to theorize how and why these community spaces exist. Guided by subaltern counterpublics theorizing (Squires 2002), we sought to explicate how DIY HRT users communicatively construct these online spaces, in effect creating a DIY HRT counterpublic health.

Methods: We interviewed 20 TGNC people who lived in the U.S. and had experience using transfeminine (i.e., feminizing) DIY HRT. Participants were diverse in terms of their gender identity, race, insurance status, and geographic location. Interviews were audio-recorded, transcribed, and analyzed using applied thematic analysis (Guest et al., 2012).

Results: Three themes emerged. First, a DIY HRT counterpublic health was formed in response to transphobia in the dominant cisgender/heterosexual public. Participants explained that dominant publics construct TGNC individuals as deviants deserving social rejection, harassment, and discrimination. These discourses then create the narrative that TGNC identity is a medical condition which needs to be diagnosed and treated by HCPs. At the same time, however, experiences of rejection and discrimination drive many TGNC people to begin transitioning in secret, leading them to use DIY HRT. Thus, organizing online allows DIY HRT users to avoid scrutiny from dominant publics.

Second, DIY HRT communities organize across various online forums, support groups, and instant messaging platforms. These spaces help community members access information about DIY HRT and find places to purchase medications. Participants noted that recent scrutiny from dominant actors (i.e., HCPs, mass media), has pushed the community to make these spaces hidden and interior to conceal and preserve communal spaces (Squires, 2002). A DIY HRT counterpublic health emerges whereby community members aggregate knowledge about HRT safety (embodied/experiential and scientific). In turn, the community (re)constitutes its own definitions of risks and safety.

Finally, DIY HRT counterpublic organizing results in individual and collective survival. Participants noted that the knowledge, counternarratives about health/gender, and emotional support they have received and provided in these spaces have been integral to positive identity development—helping them overcome experiences of isolation and marginalization. Thus, DIY HRT counterpublic health spaces can be lifesaving for many TGNC people.

Discussion: This study theorizes the concept, counterpublic health—a subaltern community that rejects the dominant discourses and authority of biomedical and public health actors, in favor of community-based definitions of risk and safety; further explicating counterpublics’ functions (Chavez, 2011). Practically, this study offers insights into how dominant health actors (i.e., HCPs) can better meaningfully communicate with TGNC individuals who have experience using DIY HRT about their health and well-being.

Trying to Make Sense of it All: How Ghanaian New Mothers Make Meaning of Children's Health Information on Parenting Mobile Apps

Delight J. Agboada, University of Maryland
Linda Aldoory, University of Maryland

Resubmitting to correct spelling: New mothers typically struggle with navigating the onslaught of children's health information presented to them. Research has confirmed not only how cognitively overwhelming it is for new mothers, but also how inequitable health information is regarding health risks, protective actions, and well-baby care. While health advice comes from several interpersonal and mediated sources, one tailored source has been mobile parenting applications. There are dozens of parent mobile apps offering health information and support, but they are not built the same. Parenting apps reveal differences in cultural competency, cognitive complexity and information accuracy. These differences may result in perceived inequities and confusion among new mothers who are already struggling with the deluge of information confronting them. However, studies have shown that mobile apps can increase information recall and intent to make healthy decisions.

Use of parenting apps has been increasing over the past decade, and importantly, even more so during the pandemic when new mothers' have less access to direct contact with other new mothers, family resources and health care. While research on mobile health interventions is robust, we found three significant gaps in research on parenting apps that could address new mothers' needs. First, there is a lack of research that focuses on perceived equitable access and barriers among new mothers in their use of parenting apps. Second, few studies have explored in depth how new mothers make meaning of children's health information from parenting apps. Third, there is a dearth of theory-driven research that explain cultural factors that may influence health equity. This project uses theory to examine Ghanaian new mothers' app access, perceived barriers to making healthy decisions, and perceived usefulness of the apps.

Our in-depth qualitative study is guided by the situational theory of publics and dialogic theory, two well-known approaches to understanding health publics and their cognitive and behavioral responses to health messages. The situational theory of publics looks at level of involvement, problem recognition and constraint recognition, and what might activate a public. Dialogic theory offers a framework to consider the parasocial relationships that might emerge from connections with people on mobile apps that offer support and exchange of information.

Research questions will explore how Ghanaian new mothers make meaning of parenting mobile apps. RQ1: How do Ghanaian new mothers access parenting apps? RQ2: How do Ghanaian new mothers make meaning of children's health information on parenting apps? RQ3: What are Ghanaian new mothers' perceived barriers to understanding children's health information and changing behaviors in response to messages on parenting apps? RQ4: How do Ghanaian new mothers perceive relationships formed in and through parenting apps? Research questions will be answered via semi-structured interviews with at least ten participants, but we plan on increasing number of interviews as needed, depending on whether data analysis reveals a saturation point in themes that respond to the research questions. Interviews will be audio recorded and transcribed, and researchers plan to conduct member checks with participants for validity. Data analysis will be thematic according to theoretical concepts.

A comparative study of cognitive and affective risk perceptions and behavior during Covid-19

Esi Thompson, Indiana University

Background and Purpose: The Covid-19 pandemic has revealed the differing risk perspectives that a new infectious disease elicits from different categories of people. The purpose of this study was to explore differences in risk perceptions between respondents in the U.S and Ghana. Specifically, the study sought to investigate the affective and cognitive risk perceptions of respondents and how these relate to their behavior and behavioral intentions regarding Covid-19. The focus of this article is unearthing the cognitive and emotion laden dimensions of risk perceptions as a way of understanding the risk responses experienced in each country, and how these affective images speak to respondents' disposition to receive different types of health communication.

Literature /theoretical underpinning: The study draws on risk perception literature specifically cognitive and emotional risk perceptions and affective imagery literature (Dillard et al, 2012; Thompson, 2020; Leiserowitz, 2017; de Zwart et al, 2010) to assess how respondents from the two countries perceived the risk of Covid-19 and their behaviors resulting from these perceptions.

Methods: This comparative study survey 368 Americans and Ghanaians conveniently sampled via the internet. Respondents completed a questionnaire that had scaled items measuring their conditioned and comparative severity and vulnerability to Covid-19, their behaviors, and behavioral intentions as well as their demographic characteristics. Affective imagery through word association elicited respondents' affective association with the stimulus "coronavirus." These were content analyzed and coded into categories. The quantitative items were analyzed with frequencies, chi-square goodness of fit tests, correlations, and student t-tests.

Findings: There was no difference in respondents' perception about their vulnerability to the coronavirus in the coming weeks and about the consequences of Covid-19 infection for their lives. However, U.S respondents had higher perceptions about the severity of Covid-19 if they got infected ($p = .034$) and their vulnerability to getting infected ($p = .001$) than respondents from Ghana.

Respondents in the U.S. rated their affective images more negatively than respondents from Ghana ($p = .001$). A content analysis of the affective imagery showed that while US respondents associated coronavirus with "death" and "deadly," respondents from Ghana associated it with "fear," "facemask," and "hospital."

There was no difference in behavioral intentions but respondents from the US had higher self-reported preventive behaviors for social distancing ($p = .016$) and hand washing ($p = .043$) than respondents from Ghana. U.S. respondents' affective imagery rating correlated significantly with the comparative vulnerability items while behavior items correlated significantly with comparative severity items. In Ghana respondents affective image rating correlated significantly with only the high-risk of being infected. Behavior items correlated significantly with getting infected if no preventive actions are taken.

Implications: The findings suggest that US respondents seem to have higher mean risk perception than respondents from Ghana. Their affective disposition suggest that at least at the time of the study, respondents in the US were experiencing some fatalistic tendencies while respondents from Ghana had much more realistic outlook. These findings may be related to the Covid-19 situation in each country at the time.

A Comparison of Gain- vs. Loss-Framed Blood Donation Messages: Examining the Mediating Roles of Fear and Psychological Reactance

Tobias Reynolds-Tylus, James Madison University
Cory Friedman, James Madison University

As blood and platelets can't be manufactured, volunteer blood donors are essential for ensuring a consistent blood supply for those in need. Blood is essential for surgeries, cancer treatment, chronic illnesses, and traumatic injuries. Millions of Americans need blood transfusions each year (American Red Cross, n.d.).

The current study examines the relative persuasiveness of gain- versus loss-framed blood donation messages. Gain-framed messages focus on the benefits of complying with a message's recommendations (e.g., "One blood donation can save up to three lives") whereas loss-framed messages focus on the costs of non-compliance (e.g., "Without a constant supply of blood from donors, many lives would be lost"). A meta-analysis by O'Keefe and Jensen (2006) found no difference in the relative persuasiveness of gain- versus loss-framed messages. However, given significant heterogeneity of effect sizes across studies, researchers have called for a 'second generation' of framing research to examine both moderators and mediators (Hull & Hong, 2016; O'Keefe, 2012).

Recently, Jensen and colleagues (2018) argued that loss-framed messages are functionally fear appeals. Consistent with this proposition, their results revealed that loss-framed messages were more effective for individuals with greater self-efficacy. The current study tests the loss-framed messages as fear appeals explanation alongside another theoretical explanation—psychological reactance theory (Brehm, 1966).

Psychological reactance theory is based on the assumption that people value their freedom and autonomy (Brehm, 1966). Reactance is characterized by perceptions of a freedom threat, followed by anger and negative cognitions (Dillard & Shen, 2005). The consequence of reactance is diminished persuasion (Quick et al., 2013). As loss-framed messages focus on the costs of non-compliance, they have been hypothesized to elicit greater reactance than gain-framed messages. To date, however, research findings have been mixed (Cho & Sands, 2011; Quick & Bates, 2010).

The current study tested the mediating roles of fear and reactance. College students (N = 179) completed an online survey. Participants viewed either a gain- or loss-framed message (40-words in length). Results revealed that gain-framed messages resulted in more positive attitude towards the message and behavioral intention. Structural equation modeling was used to test the mediating roles of fear and reactance. Loss-framed messages resulted in greater fear; however, fear was negatively associated with attitude toward the message and unrelated to behavioral intention. Gain-framed messages resulted in diminished freedom threat, and subsequently, reactance. In turn, reactance was negatively associated with both attitude toward the message and behavioral intention.

The results of the current study revealed that in the context of blood donation, gain-framed messages resulted in more positive attitude toward the message and behavioral intention. Results were inconsistent with fear as a mediating mechanism explaining the effectiveness of loss-framed messages. Rather, results were consistent with reactance as a mediating mechanism explaining the effectiveness of gain-framed messages. From a theoretical standpoint, these results suggest the utility of reactance for understanding how loss-framed messages can backfire. From a practical standpoint, these results suggest the efficacy of continued efforts to frame blood donation in terms of benefits to others, and to avoid framing the topic in terms of losses.

A Harm Reduction Approach to COVID-19 Prevention: The Influence of Moderation Messages and Infographics

Deena Kemp, University of Texas at Austin
Mike Mackert, University of Texas at Austin
Andy J. King, Iowa State University
Sean J. Upshaw, University of Texas at Austin
Jakob D. Jensen, University of Utah

Recommendations for preventing COVID-19's spread, such as stay-at-home orders and mask guidelines, have been met with opposition and criticized for interfering with personal freedoms. We examine whether a harm reduction approach reduces perception that prevention guidelines are freedom threatening. Applying psychological reactance theory, we predict messages that advocate moderation rather than abstinence from social interaction will be seen as less threatening and, as a result, increase intentions to follow guidelines. We also examine two important moderators: (1) the influence of risk framing and (2) personal willingness to risk infection. Risk frames were made salient through an infographic manipulating the level of risk behaviors displayed. We conducted a 2x2, plus control conditions, between-subjects experiment (N=476) varying the use of abstinence or harm reduction guidelines and portrayal of moderate-to-low versus moderate-to-high COVID risk behaviors. Participants in the control groups were randomized to see an infographic displaying either a full range of risk behaviors or behaviors that pose no risk followed by a generic message about following local guidelines. Regression analyses suggest harm reduction messages are seen as less freedom-threatening than abstinence messaging but only when risks are presented as low-to-moderate. Persons more willing to risk COVID infection found all messages more freedom-threatening; however, for these individuals, moderation messages significantly increased behavior intentions when risks were presented as moderate-to-high. This study provides evidence that harm reduction messaging approaches can be applied in a pandemic, where the behavior of risk-tolerant individuals, at a population level, could have suboptimal effect on curbing virus transmission. Future research should consider how harm reduction approaches can affect behavior without influencing reactance.

Acquired invisible disability and its effects on perceived self-stigma, self-esteem, and quality of life

Pamara F. Chang, University of Cincinnati
Rachel V. Tucker, University of Cincinnati

Single-sided deafness (SSD) is a type of disabled hearing loss that refers to severe-to-profound hearing loss (≥ 70 decibels in hearing level; dB HL) in one ear while having nearly normal hearing in the other ear (-10 to 15 dB HL) (American Speech Language Hearing Association, 2017). Because SSD is considered an invisible disability, individuals with SSD often anticipate and experience stigmatization associated with their condition, especially in their everyday social interactions. Consequently, people with SSD can undergo negative communicative and social experiences such as devalued social identities, prejudice, stereotyping, discrimination, and neglect (Crocker et al., 1998; Dahnke, 1982; Miller & Kaiser, 2001). Existing literature shows that acquired disability, disability identification, and self-concept can influence one's ability to adapt to disability and manage stigma, and may even moderate some of these aforementioned effects (Bogart, 2015). Drawing from disability identification literature (i.e., Nario-Redmond, Noel, & Fern, 2013), self-categorization theory (Turner, 1985; Reicher et al., 2010), and stigma communication management frameworks (Meisenbach, 2010), we predict that individuals with congenital SSD self-report higher levels of self-esteem and quality of life, and lower levels of self-stigma than individuals with acquired SSD.

Data from individuals with SSD from all over the world were collected using an online survey. Participants were recruited from SSD online social support groups. Inclusion criteria limited the sample to individuals 18 years and older who were clinically diagnosed with SSD and had no aided hearing device. A total of 436 participants (211 with congenital SSD and 225 with acquired SSD) completed the survey. Participants were from all over the world, and reported residing in different states across the U.S., including Rhode Island, Georgia, Arkansas, Illinois, New Mexico, Nebraska, and California, among many others, as well as various countries around the world, including, but not limited to the United Kingdom, Canada, Australia, Kenya, Bangladesh, the Philippines, Brazil, and New Zealand. Of the participants, 37.4% identified as male, 56.0% identified as female, and 6.7% identified as other. Participants ranged from 18 to 81 years old ($M = 47.56$, $SD = 16.72$).

We used independent sample t tests to compare the mean scores for those with congenital SSD and acquired SSD. Results indicated that those with congenital SSD ($M = 5.23$, $SD = 1.08$) reported higher quality of life than those with acquired SSD ($M = 3.52$, $SD = 1.50$), $t(420) = 13.34$, $p < .001$. Also, individuals with congenital SSD had lower levels of perceived stigma ($M = 2.58$, $SD = 1.12$) than individuals with acquired SSD ($M = 3.43$, $SD = 1.12$), $t(434) = 7.88$, $p < .05$. However, there was no significant difference between individuals with congenital ($M = 3.47$, $SD = 0.81$) and acquired SSD ($M = 2.40$, $SD = 0.80$) and their levels of self-esteem, $t(420) = 13.65$, $p > .05$.

Results from this study highlight the distinction between congenital and acquired SSD and the importance of disability self-concept and identification, social identity, and stigma management to overall health and well-being, specifically levels of anxiety, stigma, self-esteem, and quality of life.

Adapting and Evaluating a Nonverbal Immediacy Training for First-Year Medical Students in the Age of COVID-19

Grace M. Hildenbrand, Purdue University
Evan K. Perrault, Purdue University

Healthcare providers should strive to enhance their nonverbal communication skills. In a recent malpractice report, nearly half of oncologists surveyed indicated that improving communication with patients is the best tactic to decrease the likelihood of malpractice (Martin, 2020). Considering nonverbal communication makes up a majority of the meaning for any given message (Mehrabian, 1972), nonverbal communication is important to consider in the context of a medical visit (Buller & Street, 2014). Nonverbal immediacy consists of behaviors used to facilitate an interpersonal relationship (Mehrabian, 1969). Healthcare provider nonverbal immediacy behaviors include maintaining eye contact with a patient, smiling, gesturing, and demonstrating vocal variety (Richmond et al., 2001). Due to the COVID-19 pandemic, nonverbal communication with patients looks different, whether communicating with masks or engaging in telehealth. Healthcare providers such as medical students must learn about effective nonverbal behaviors including nonverbal immediacy in various interaction formats in order to build good habits early in their careers. The present study analyzed the efficacy of a nonverbal immediacy training for first-year medical students when communicating with patients.

The 1-2 hour training took place at the satellite campus of a large Midwestern medical school, and was delivered in-person to one cohort (N=24) in August 2019, and virtually to a second cohort (N=24) in August 2020 via Zoom. The training was guided by patient-centered communication due to its focus on generating a positive relationship with patients (McCormack et al., 2011) and demonstrating effective nonverbal behaviors (Epstein & Street, 2007), and the training promoted the concepts of self-efficacy and behavioral capability from Social Cognitive Theory (Bandura, 1986). Training content consisted of an ice breaker, lecture/discussion, video clip example, and role play activity. The lecture covered background information about nonverbal immediacy, positive outcomes that result from immediacy, and expectations for each nonverbal behavior. Medical student trainees completed pre and post assessments to measure their nonverbal immediacy knowledge and obtain their evaluations of the training. The second cohort was asked about self-efficacy in communicating with patients in three interaction formats: face-to-face without masks, with masks, and via videoconference. The second cohort was also asked what they are most concerned about when interacting with patients in all three interaction formats, and which nonverbal behaviors they want to work on.

Results indicated a significant increase in knowledge ($p < .001$) and that trainees liked the training among both cohorts ($p < .01$). The medical students liked the interactive nature of the training and getting to practice nonverbal immediacy, and some had suggestions for improvement with the timing of the training. The second cohort had a significant increase in self-efficacy in all three formats ($p < .001$), and were most concerned about creating a positive impression, and wanting to work on specific nonverbal behaviors such as displaying appropriate facial expressions, controlling their voices, maintaining an open body posture, and gesturing. They were also concerned about technical issues when communicating via videoconference. Future provider nonverbal communication trainings could target these areas of concern in order to improve patients' impressions of their providers and generate a positive provider-patient relationship.

Advocacy in Action: Impact of Vaping Education Conducted by Health Communication Students at a Rural Middle School

Kate Ksobiech, UW-Whitewater
Maisie Finnegan, UW-Whitewater
Abriana Luther, UW-Milwaukee

Vaping has declared a “public health” crisis by the FDA (Food & Drug Administration) in recent months. One particular device, JUUL, has captured the market, particularly with adolescents and young adults. Designed to mimic the appearance of a USB flash drive, middle and high school students are drawn to the device for its novelty, “cool” appearance, and multitude of pleasing flavors, which appeal to this target population.

While the health consequences of using this device are not yet fully known, the link between vaping and subsequent tobacco use in adolescents has been made.

Students in a senior capstone health advocacy communication course developed and presented 30-minute classroom presentations at Whitewater Middle School to 8 health education classes in 2019 (N=165), and also tabled at the Parent-Teacher conferences, with the intent of educating parents about vaping.

The instructor viewed and assessed each students’ classroom presentation, and offered input during the presentations if the presenters misstated vaping content to the middle school students. Middle school students were all previously aware of vaping devices and knew at least one person who engaged in vaping. As a group, the target population significantly increased their vaping risks/knowledge after attending the presentation; 87% of the middle school students correctly answered the vaping risks/knowledge questions at post-test.

College student-led instruction and discussion regarding vaping risks was an effective way to engage middle school students with a topic that continues to be viewed as a public health crisis with this age group. Middle school educators and administration highly rated the students’ presentations on content, form, and impact. Additional research is needed on how best to present the vaping information in the middle school setting. Follow-up data is needed to assess the long-term knowledge gain, and how it impacts vaping behavioral intent/behavior among this at-risk, vulnerable population.

Age-related framing effects: Why vaccination against COVID-19 should be promoted differently in younger and older adults

Anne Reinhardt, University of Erfurt
Constanze Rossmann, University of Erfurt

Researchers worldwide are working towards the development of a vaccine against COVID-19 (vfa, 2020), which will be particularly important for older people due to their higher risk for severe consequences of an infection with the novel coronavirus (Shahid et al., 2020). However, since younger people have become primary drivers of the spread of the virus (e.g. Lau et al., 2020), they are relevant addressees of vaccination promotion as well.

A well-established message strategy to promote vaccination behavior is message framing (Rothman et al., 1999). Studies found that loss-frames often lead to more positive vaccination attitudes and stronger vaccination intentions than gain-frames (overview: Pența & Băban, 2018). However, the research body consists almost entirely of young samples—which is problematic, because information processing changes with age (Yoon et al., 2005). For instance, while negative stimuli have a stronger effect on younger people than positive stimuli (negativity bias; Baumeister et al., 2001), the opposite tendency can be observed for older adults (positivity bias; Reed & Carstensen, 2012).

Thus, this study aims at investigating framing effects on attitudes toward the coronavirus vaccination and vaccination intentions by taking age as a moderator variable into account. In a 2×2 online experiment, participants ($N = 281$) received textual health information about COVID-19 and the planned vaccine. While the first part (e.g., contagion) was held constant, the second part focused either on benefits of vaccination (gain-frame) or disadvantages of vaccination waiver (loss-frame). The sample was allocated by age (factor 2; 18-30y. vs. ≥ 60 y.).

After reading the text, participants indicated their attitudes toward the coronavirus vaccination (three items; Askelson et al., 2010) as well as their behavioral intentions (three items; Austvoll-Dahlgren et al., 2012) on a five-point Likert scale. As control variables, we further assessed issue involvement (six items; Peter et al., 2014), attitudes toward vaccinations in general (three items; Askelson et al., 2010), gender, and educational status. The effects were analyzed with ANCOVA and mediation analysis (Hayes, 2018; Model 7).

The analyses of covariance revealed that older adults have more positive vaccination attitudes ($M=4.06$, $SE=0.05$) than younger people ($M=3.81$; $SE=.04$), $F(1, 273)=12.86$, $p<.001$. A similar difference was found for vaccination intention, $F(1, 273)=6.02$, $p<.05$ ($M[18-30y.] = 3.85$; $SE=.05$; $M[\geq 60y.] = 4.04$, $SE=.06$). Furthermore, we found an interaction effect of framing and age on the vaccination attitude ($F(1, 273)=4.59$, $p<.05$), indicating that the gain-frame effect differed significantly between the two age groups ($M[\geq 60y.] = 4.08$, $SE=.07$). Additionally, only in younger people loss-frames ($M=3.94$; $SE=.07$) led to more positive attitudes than gain-frames ($M=3.68$; $SE=.07$). These findings are mirrored in the moderated mediation analysis: The indirect effect of framing on vaccination intention through vaccination attitude was significant in the younger group ($b=.14$)—but not in the older one ($b=.02$).

The findings may be explained by the negativity and positivity bias, indicating that younger and older people process information differently. Thus, our results highlight the importance of a target-specific communication approach in the context of coronavirus vaccination promotion. Implications will be discussed in detail at the conference.

All Coronavirus, All the Time: Understanding Psychological Reactance Over Time during the COVID-19 Pandemic

Allie White, University of Delaware
Michele Boehm, University of Delaware
Alexa Roscizewski, University of Delaware
Ashley Paintsil, University of Delaware
Kami Silk, University of Delaware

The COVID-19 pandemic has led to local, state, and national mandates to decrease the spread of disease. As the disease has spread across the globe, coverage of the virus has overwhelmed information channels, including government agencies, news media, and interpersonal sources. The effects of saturated messages promoting preventive health behavior recommendations, stay-at-home-orders, morbidity and mortality data, and novel COVID-19 complications in these channels potentially provoked psychological reactance among audience members. As such, this idea of long term, continuous news exposure surrounding a single issue suggests that the media may play a role in mediating the relationship between media exposure and reactance. The present study expands upon the application of Psychological Reactance Theory (Brehm, 1966) to account for audiences experiencing reactance when they hear repeated and unwanted messages. Data were collected from a sample of college students on a large Mid-Atlantic campus aged 18 years or older. Participants were exposed to CDC COVID-19 risk reduction recommendations and then completed survey items measuring news exposure, media source, psychological reactance, political party, and behavioral intention. Preliminary results indicate that participants experienced some reactance to CDC recommendations. These results contribute to the understanding of psychological reactance over time in regard to COVID-19 messaging, and elucidate the relationship between message exposure, source information, and the resulting reactance. Practical message implications on how to reduce reactance to encourage the public to engage in positive public health behaviors will be discussed.

Appealing to fear culturally: Public signs of COVID-19 prevention in Chinese local communities

Mian Jia, The University of Texas at Austin

The present study aims to demonstrate that a culturally tailored approach to fear appeal is conducive to combating COVID-19 in Chinese communities. The early stage of the COVID-19 pandemic coincided with China's Lunar New Year Festival that many Chinese were expected to travel back home and celebrate the festival with families and friends. To combat COVID-19, it is important to cut off the transmission from human to human (Yang & Wang, 2020). Concise fear appeal messages posted as public signs were particularly helpful to persuade community members to practice social distancing and shelter in place.

Studies have consistently shown that fear appeal can positively influence people's attitudes, intentions, and behaviors and is widely applied in health communication contexts (Dillard et al., 2017; Tannenbaum et al., 2015). Specifically, the Extended Parallel Process Model has been frequently applied in health communication contexts and have produced fruitful findings (Witte & Allen, 2000). The first step to fear appeal in EPPM is to increase people's appraisal of threats such as the event severity and people's susceptibility (Witte, 1994). Sheer and Chen (2008) argue that Chinese fear message construction needs to adopt a value-sensitive approach to best suit its collectivist cultures, such as concerns for group face and the well-being of family relatives. Therefore, this study attempts to explore how public signages evoke fear by displaying culturally tailored fear appeal messages.

The data were collected from a Chinese Internet forum Zhihu where people posted actual photos of public signs created in their local communities. In total, 172 distinct signs were collected. The results show that Chinese public signages not only emphasize the severe threats of COVID-19 to individual health, but also highlight threats to the health of their social group members, threats to financial loss (e.g., If you get COVID, you will also get bankruptcy), threats to the loss of luck (e.g., If you do not follow public health guidelines, you will lose all your mahjong games), and threats to losing individual face and group face in their local communities (e.g., Coming back to the village is infringing filial piety). Moreover, when communicating these threats, public signs not only reflect the general features of a collectivist culture such as family harmony and filial piety, they also reflect more localized features such as class struggle (e.g., treating irresponsible travelers as "enemies of the people") and regional cultures (e.g., wordplay using local hospitals and crematory). This study hopes to contribute to health communication research by demonstrating a culturally tailored design of fear appeal messages of COVID-19 in Chinese local communities.

Are They Really Important? Patients' Barriers to discuss Online Health Information During a Medical Consultation

Annemiek Linn, ASCoR

Julia van Weert, ASCoR

**Carma Bylund, College of Journalism and Communications
College of Medicine, University of Florida**

Many patients use the internet to explore their possible diagnosis, symptoms and treatments. Appropriate and timely access to health information can support more informed negotiation of optimal treatments, optimal management and expedited recovery and ultimately an improved patient outcomes. Appropriate and timely access to health information can support more informed negotiation of optimal treatments, optimal management and expedited recovery and ultimately an improved patient outcome. Improved patient outcomes include, but are not limited to, being better informed, enhanced social well-being, increased optimism, and a greater confidence in health care participation (Chung, 2013). Despite the potential for improving patient outcomes, the use of online health information may also lead to negative consequences. These negative effects can occur at three levels: patient (such as increased levels of anxiety, non-adherence), interpersonal (such as a tension in the patient-provider relationship) and system-related (such as requests for unreasonable diagnostic studies tests). Studies show that online health information seeking requires guidance from a health care provider, especially to facilitate positive outcomes and avoid negative consequences. Particularly, the discussion of online health information during medical consultations has been associated with positive patient outcomes such as improved patient satisfaction and recall of information. However, only half of the patients who searched online reported discussing or an intention to discuss the information with their provider. Possibly, patients experience barriers to discuss their online findings with their provider. To gain insight into these barriers, this study focuses on patients' perceived barriers to discuss online health information with their providers.

The aim of this study was to understand what withholds patients in the Netherlands from discussing online health information with their health care provider by examining patients' barriers and experiences with these barriers in consultations. Based previous research and interviews (N= 10) we developed an online survey to measure patients' reports of barriers and their experiences with these barriers in consultations. Based on the QUOTE methodology (Weert et al., 2009) composite scores, i.e., Quality Impact Indices (QIIs), were calculated by multiplying the scores on the perceived barriers with the fraction (%/100) of participants that indicated that they had an experience with this barrier (i.e., perceived barrier score x proportion of experience). The survey was conducted among a sample of the general Dutch population (N=300). The barriers were categorized into the following themes: informational, system, interpersonal, provider, and patient. Survey results demonstrated that service-related barriers are most important. Provider-related barriers were predominantly relative important. Patient-related barriers and barriers related to the patient-provider relation were found to be less important. By taking into account patients' reports on the actual experience with barriers to discuss online health information, this study yielded different results than previous studies: important barriers are barriers that patients cannot overcome themselves (i.e., related to the health care system). Intervention strategies should focus on particularly these barriers. The study contributes to the larger body of research by demonstrating that not all barriers are considered (relatively) important in discussing online health information during consultations.

Beliefs Underlying Colon Cancer Information Seeking Among Young Black Adults: A Reasoned Action Approach Elicitation Study

Diane B. Francis, University of Kentucky

Anita Silwal, University of Kentucky

Carina M. Zelaya, University of Kentucky

Traci Thomas, University of Kentucky

Background: Although overall colon cancer diagnoses have been decreasing, a worrying trend is an observed increase among younger adults.¹ Colon cancer in younger adults is more likely to be diagnosed at an advanced stage and less likely to be curable than if diagnosed later. Screening is not recommended for persons of average risk under age 45. However, given persistent racial disparities, special attention needs to be focused on increasing cancer awareness among younger Black adults. The purpose of this study, guided by the reasoned action approach,² was to elicit insights into beliefs about seeking information about colon cancer. The overall goal is to motivate engagement in cancer communication behaviors.

Methods: We recruited a convenient online sample for the study. We first asked about prior information-seeking behaviors. We then used open-ended questions to elicit beliefs about seeking information, talking to healthcare providers, and talking to family about cancer history. The belief elicitation measures (assessing behavioral, normative, and control beliefs) were developed following established procedures.²⁻⁴ The responses were content-analyzed into themes.

Results: The sample included N=196 participants: 103 men; 91 women. Mage=28.00 (SD=5.48). Thirty-one percent ever searched for colon cancer information; 18% searched in the past three months. Beliefs about seeking information. The most common advantage included learning more about colon cancer. The most common disadvantage was concerns about negative emotional experiences. Approval was most commonly expected from family or health care providers. The most common facilitating factors were perceptions of cancer risk and perceived accessibility and quality information needed. Barriers included fear, misinformation, low-priority, and inaccessibility of information.

Beliefs about talking to a healthcare provider. The most common advantages included learning about risk factors and early prevention, getting personalized tips, and becoming informed and aware. Disadvantages included having a dismissive provider, getting bad news that could precipitate other adverse emotional outcomes, and wasting money on unnecessary tests. Some participants expressed no disadvantages. Approval was also most commonly expected from family or health care providers. Very few expressed disapprovals. Facilitators included having prompts or reminders from providers, having prior information to prepare for the meeting, and healthcare access. Barriers included fear, misinformation, low-priority, and inaccessibility of information.

Beliefs about talking to family about cancer history. The most common advantages included opportunities to become aware and learn, giving everyone a clearer picture of colon cancer, and helping motivate others to get checked. Disadvantages included family members being scared, defensive, anxious, or worried; the participant being seen unfavorably for bringing up the topic; concerns that talking will bring about cancer (jinxing); and cancer as something not discussed in the family. Facilitators included having previous experience talking about family health history, positive family relationships, and being prepared. Barriers included not having a good relationship with family, inadequate knowledge, and lack of interest or willingness.

Discussion. This is one of the few studies to investigate cancer communication behaviors among young Black people. The study identified potential salient beliefs that have messaging implications. Additional theoretical and practical implications for cancer communication will be discussed.

Breast Cancer Survivors' Experiences Communicating About Exercise and Nutrition with Healthcare Providers and Family Members

Taylor Vasquez, University of Florida
Miriam Buhr, University of Florida
Jane Bradshaw, University of Florida
Jiang Bian, University of Florida
Karen Dailey, University of Florida
Francois Modave, University of Florida
Janice Krieger, University of Florida

Background: Communication plays an important role in cancer survivorship. Informational and emotional support from physicians and a survivor's social network can be an integral part of helping survivors manage their health and prognosis uncertainty after a cancer diagnosis. Although a weight gain of six to 12 pounds is reported on average during chemotherapy, discussing nutrition and physical activity may be perceived negatively by survivors. The study explores the relationship between social support in the context of physical activity and nutrition and outcomes for breast cancer survivors. This is important because over half of women diagnosed with breast cancer gain weight and many report uncertainty regarding the right amount and types of exercise for their condition as well as lower motivation to participate in physical activity and healthy eating.

Objective: The aim of this study is to explore messages that breast cancer survivors receive from their healthcare providers and family members when communicating about exercise and nutrition through the cancer treatment and survivorship process.

Methods: Between April and May 2020, two research coordinators conducted seven focus groups with 41 breast cancer survivors. Focus group attendees were remunerated with a \$25 electronic gift card. Using a summative content analysis method, we first completed an inductive open-coding process to determine common themes among breast cancer survivors when communicating about nutrition and physical activity. A codebook was developed after undergoing several training iterations with two researchers who independently coded from one another. Interrater reliability was established with 20% of the dataset (Cohen's Kappa = .94). After significant interrater reliability was accepted, the remainder of the data was coded independently.

Results: Preliminary analyses show that survivors do not view physical activity and exercise as interchangeable. When prompted to define both physical activity and exercise, survivors often provided distinct, separate definitions for the terms. This emphasizes the importance of patient-centered language in survivorship communication efforts. We will present descriptive data on the number of utterances in which breast cancer survivors discussed the difference between physical activity and exercise and demonstrate how patients socially constructed these two phrases.

The data analyses conducted also suggests breast cancer survivors' experiences differ greatly when discussing exercise and nutrition with the various healthcare providers involved in their oncology treatment. This reveals an inconsistent protocol when communicating about these topics and illustrates a greater need for consistent discussions with breast cancer survivors regarding the importance of engaging in physical activity and nutritious decisions. How survivors interact and communicate with healthcare providers varies greatly between specialty and lends itself well to further research.

Family members and other social support groups also emerged as a significant source of information for these topics, again highlighting the importance of language and linguistic cues when speaking with breast cancer survivors. Family members and healthcare providers discuss physical activity and exercise with survivors differently. Further analyses found several interpersonal communication phenomena constructed by breast cancer survivors pertaining to social support including resilience, shared decision-making, and uncertainty management.

Breast Cancer Survivorship Whole-Person Care: Subjective Time and Illness Intrusion in Complementary and Alternative Medicine

Vinita Agarwal, Salisbury University

Challenges of breast cancer survivorship and late effects include body dissociation, pain, heart and lung problems, endocrine system problems, and altered self-identity concomitant with post-adjuvant surgical interventions (Mehnert et al., 2009). Complementary and alternative medicine (CAM) use is high in cancer survivors for pain, depression, and symptom management, particularly among women (Hsiao et al., 2008). However, how CAM provider practices help survivors address the long-term mental and physical health challenges of breast cancer treatment have not received sufficient attention. Examinations into CAM provider discourse in chronic pain management suggests provider discourse supports body awareness and acceptance by reframing the relationship with pain (Author, 2017). This study employs the ecology of wholeness model in its examination of CAM provider descriptions of breast cancer survivorship approaches to understand how discourses of subjective time and illness intrusion contribute to construction of whole-person care (Author, 2020). Purposive and snowball sampling was employed to recruit CAM providers (N=15; Table 1) treating breast cancer survivors from integrative medicine centers, educational institutions, private practices, and medical associations across the U.S. In-depth semi-structured interviewing (average=45minutes,11 seconds; N=252 professionally transcribed single-spaced pages; Table 2) assessing preliminary dimensions (e.g., trust, care, and empathy; Appendix 1; Author, 2011, 2018) and grounded theory analysis were employed. A cancer survivor was defined as a person who had received a diagnosis of cancer, from the time of diagnosis, through the person's life (Underwood et al., 2012). The analysis identifies two themes through which subjective time and illness intrusion are referenced in CAM provider discourse (Figure 1). First, provider communication reconnects emotion with the body while envisaging future and past time as referenced by the cave metaphor. For instance, providers describe focusing on their survivor's feelings of being imprisoned in their body and addressing a fear of abandonment and withdrawal through connecting body practices such as massage with mindful awareness. Second, providers foregrounded their patients' pre-verbal sensations (e.g., walking into light from a dark room, memories of being in a cradle, seeing themselves without a body) using journey metaphors to reframe patient body/self cognitions through their practices. Provider practices attend to disrupting and reintegrating emotion in the body (e.g., fear of pain and recurrence and rejection by the body and of the body) with temporality (of past and future narratives) where illness intrusion has been gradual but pervasive temporality. By foregrounding and cultivating pre-verbal and pre-discursive sensations, CAM providers attend to movement as a journey through subjective change grounded in subjective time as temporality and memory (e.g., of childhood, marriage, or pre-cancer diagnosis). The provider's communication orients the patient toward an unbiased past and future construction of the self with time and change. Practices such as massage and mindfulness help the patient reconnect their awareness with the body with change, connecting the perception of pain with the body through the lens of illness intrusion and its subjective temporality of movement, accepting where they felt rejected and what they rejected (such as breast tissue), and thereby cultivating whole-person experiences through body/mind narratives of coherence and stability.

Can't Reach Out and Touch Someone: A Study about Touch and Relationships During the COVID-19 Pandemic

Wendy Riemann, George Mason University

Importance: Self-isolate. Quarantine. Social distance. Seclusion. Confinement. Whatever a person calls it, the decrease in or complete lack of human touch that can result from such a situation, can be harmful to a person. This study offers a unique longitudinal perspective of more than 500 individuals experiencing the unprecedented COVID-19 global pandemic – either with their partner, family, or alone. While touch is the most primitive of a person's five senses and the one a person develops first, touch is also the least studied of the five senses.

Objective: This exploratory longitudinal study uses surveys to examine the impacts of the COVID-19 pandemic on romantic relationships and the role of non-sexual touch in relationships and people who are single.

Methods: The study was conducted in two phases during the pandemic. The first survey, administered over five days in April of 2020, recruited 1,124 consenting participants, and the second survey, administered over 13 days in July and comprised only of people who completed the first survey, included 532 survey participants. Participants were part of a convenience sample, recruited through social media, and lived in 47 states. Both surveys were administered using Qualtrics and included 40 questions that were either Likert Scales, multiple choice, or open-ended.

Findings: Participants' reflective perceptions about how they rated their own romantic relationship prior to the outbreak of COVID-19 decreased from the first survey in April to the second survey in July of 2020, while there was no statistically significant difference between how participants rated their overall relationship during the pandemic at the same timepoints. Single people craved touch and missed non-sexual physical contact more than people in a relationship, and, when controlling for race, singles had a better feeling of connection with family and/or friends than people in relationships. Relationship status alone was also not found to be impacting how well someone was handling the pandemic. This study also found that a pandemic – causing couples to spend more time together in a more confined space – might remove the halo effect much faster than if a couple was keeping their standard daily routine.

Conclusions and Relevance: While a global pandemic is hopefully limited to no more than once every 100 years, this research is useful to future generations experiencing something similar, and also for raising awareness, as outbreaks may become more frequent as the global marketplace becomes smaller. Insights like understanding that we miss touch when we do not have it could be useful for people moving to new towns without local connections, or even during weather hazards such as massive snowstorms or hurricanes, where people are often sheltering in place for several days at a time.

Touch may be underappreciated until it is gone, and then it is missed and craved by a significant number of people. This study suggests this by recognizing that single people crave touch more during a pandemic – when their options are limited or non-existent.

Cancer patient's experiences with patient-centered communication and telehealth during COVID-19: Findings from mixed methods study

**Katherine Treiman, RTI International
Elissa Kranzler, Cancer Support Community
Richard Street, Texas A&M University
Rebecca Moultrie, RTI International**

Introduction. The impact of the COVID-19 pandemic on cancer patients is enormous. Patients are vulnerable to severe illness due to their immunocompromised status, and often have concerns about whether and how to continue care(1,2). As health care systems are overwhelmed, patients' relationships and communication with providers can be disrupted. An April 2020 survey found that 44% of patients in active treatment experienced delays in cancer care and 24% said it was more difficult to contact providers(3). Appointments are less frequent or switched to telehealth, and in-person visits have changed because of safety precautions (e.g., loved ones unable to accompany patient)(4). Prior the pandemic, many patients had not used telehealth, potentially making the sudden shift challenging for some(5).

Patient-centered communication (PCC) can help patients manage the uncertainties, fear, and stress associated with COVID-19. Our study explores the following topics as they pertain to patient-provider communication during the pandemic: the extent to which communication is patient-centered; patient experiences related to communication via telehealth; and the extent to which providers communicate with patients about COVID-related topics.

Methods: We are conducting an online survey and virtual focus groups with individuals diagnosed with cancer who received treatment during the pandemic (expected completed sample sizes 300+ for the survey and 20+ for focus groups). To measure PCC, we use the PCC-Ca, a validated measure developed by the study team(6). The PCC-Ca is based on the National Cancer Institute PCC conceptual model which defines six functions of PCC: information exchange, responding to emotions, making decisions, managing uncertainty, enabling patient self-management, and fostering healing relationships(7). Other domains include disruptions in cancer care; communication via telehealth and comparisons with in-person communication; and communication about COVID-19.

Findings: Preliminary survey findings (based on 162 completes) indicate that more than half of patients have had appointments switched from in-person to telehealth due to the pandemic. Most patients who have had telehealth visits report positive communication experiences: 74% say providers communicate about as well in virtual visits as in face-to-face visits, 8% say communication is better, and 18% say communication is worse. Qualitative findings highlight reasons for positive (e.g., provider not distracted, loved ones can participate remotely) and negative (e.g., feel less connected) telehealth communication experiences.

Just under half of survey respondents say they have talked with providers about their risk of contracting COVID-19 (48%) and ways to reduce their risk (46%). Providers less frequently discussed other COVID-related topics of concern to patients, including what would happen if they become infected (14%) and insurance and cost issues (4%). Preliminary focus group findings indicate that providers primarily discussed procedures to reduce spread in the clinical setting (e.g., screening) and that patients had unmet COVID-related information needs. Patients expressed concern about restrictions on having someone accompany them to visits.

Discussion: We will discuss the pros and cons of telehealth communication from the perspective of cancer patients and share recommendations for strengthening PCC in virtual visits and addressing patients' information and support needs related to COVID-19.

Cohesion despite social distance? Interpersonal communication during the coronavirus pandemic

Anna Freytag, Hanover University of Music, Drama and Media

Elena Link, Hanover University of Music, Drama and Media

Magdalena Rosset, Hanover University of Music, Drama and Media

To prevent the spread of COVID-19, it is advised to reduce face-to-face contacts to a minimum. The positive effects of “social distancing” for infection control are undisputed. However, there are also negative consequences of contact restrictions. For instance, due to isolation, many people experience stress and loneliness (Bradbury-Jones & Isham, 2020; Namazi & Monajemi, 2020).

To satisfy the human need for closeness and belonging (Grawe, 2004) and to cope with negative emotions such as loneliness, the coronavirus pandemic demands new forms of communication and relationship management. Social media or video calls may become more than before a substitute for physical contact (Namazi & Monajemi, 2020) as they help to overcome spatial distance (Tanis, 2012). Mediated communication, however, differs considerably from face-to-face communication (Walther, 2012) and may complicate the satisfaction of needs. Because of the high relevance of interpersonal communication for human well-being, the focus of this study is to explore the characteristics of mediated interpersonal communication during the coronavirus pandemic.

Following a qualitative approach, the aim was to identify specifics of mediated interpersonal communication and to depict them in the greatest possible depth. For this purpose, we conducted 21 semi-structured interviews by telephone in April 2020. The interview guide reconstructed the respondents’ current communication with their social environment. The interviewees differed in terms of gender, age, living environment, risk group affiliation, household size, and occupation. The interviews were analyzed using a computer-assisted qualitative content analysis combining deductive and inductive strategies of coding.

In an explorative, iterative procedure, we described mediated interpersonal communication during the coronavirus pandemic based on the dimensions contact person, occasion, topic, channel, consequences, dynamics, and change. In the following, the findings for the dimension channel will be presented as an example. The results show that both traditional communication channels are being revived (e.g., letter) and digital forms are gaining importance (e.g., messenger, video conferencing). The reasons for using certain channels are as manifold as their evaluations and effects. For example, some interviewees describe the possibility of seeing conversation partners during video calls and their desire to compensate for physical contact as decisive factors in using platforms such as Zoom. Proponents of video calls describe a feeling of closeness during these encounters and are pleased about the possibility of escaping reality. For others, however, the visual component of video calls is a source of stress. Some interviewees even complain that this channel creates an even stronger awareness of the contact restrictions and increases the need for closeness. Some perceive video calls as particularly time-consuming, while others feel pressure to make their living environment and themselves look presentable. In these cases, a telephone call or even an asynchronous form of communication via voice messages is preferred.

During the coronavirus pandemic, it seems that digital communication channels satisfy the need for belonging only to a limited extent. In some cases, they may even create additional awareness for the restrictions. In our presentation, we will differentiate the further dimensions of mediated interpersonal communication during the coronavirus pandemic and illustrate our results with quotations.

Communication about Covid-19 during patients' telemedicine visits with their oncologists

Chelsea Hampton, College of Journalism and Communications, University of Florida
Samantha Paige, College of Journalism and Communications, University of Florida
Gemme Campbell-Salome, College of Journalism and Communications, University of Florida
Eve Heffron, College of Journalism and Communications, University of Florida
Jordan Alpert, College of Journalism and Communications, University of Florida
Merry Jennifer Markham, College of Medicine, University of Florida
Martina Murphy, College of Medicine, University of Florida
Chris Harle, College of Medicine, University of Florida
Carma Bylund, College of Journalism and Communications, University of Florida

Introduction: The COVID-19 pandemic has led to changes in healthcare delivery and access. One change is the recent shift toward increased utilization of telemedicine. As clinician-patient communication impacts health outcomes, investigation of user experiences and effects on communication amid the pandemic is needed. Because individuals with cancer and those receiving cancer treatment are often immunocompromised, this may lead to questions and concerns about COVID-19 risk and talking with their clinician via telemedicine. The aim of this study was to determine the degree to which patients with cancer discussed COVID-19 with their clinicians via telemedicine in the early months of the pandemic.

Methods: We disseminated an online survey to participants from a large medical university recruited through a Contact Registry, as well as national organizations for outside recruitment between July and October 2020. The survey included questions about socio-demographics, cancer diagnosis, and telemedicine use since March 2020. Frequency statistics described the sample and chi-squared analyses were used to understand relationships between variables.

Results: Data was collected from 170 participants. Participants were, on average, 64.21 (SD = 12.98) years old. About half of the participants (n = 84; 49.4%) were female, whereas the majority were non-Hispanic (n = 136; 80%) and white (n = 133; 78.2%) with at least some college experience (n = 158; 92.9%). Waldenstrom's Macroglobulinemia (n = 56; 32.9%) and breast cancer (n = 20; 11.8%) were the most common cancer diagnoses. Participants reported seeing their oncology team via telemedicine a median of one time, which typically included medical oncologists (n = 110; 64.7%). Most participants (n = 136; 80%) reported having discussed COVID-19 with their oncologist, which included the pandemic in general (n = 69; 40.6%) and their specific COVID-19 risk (n = 70; 41.2%) more so than coping mechanisms (n = 44; 25.9%) and effects on treatment plan (n = 33; 19.4%). Participants reported spending on average approximately 5.13 minutes discussing COVID-19 in their last visit (SD = 4.54; min = 1; max = 40). Participants who talked with their oncologist about COVID-19 at their last appointment were more likely to have met with their clinician in-person prior [$\chi^2(1, N = 156) = 4.84, p < .05$]. By the time of the conference, we will have also collected and analyzed data from qualitative interviews with clinicians and patients about their experiences to complement this quantitative analysis.

Discussion: Most patients with cancer talked with their clinician about COVID-19 during a telemedicine appointment, and the topics of risk and the pandemic in general were primary concerns. Recalled durations of the conversations varied considerably. Prior relationship with a clinician appeared to be an influential factor in discussing COVID-19 during the telemedicine visit. Future research is needed to further investigate this clinician-patient relationship dynamic and its impact on patient communication. The present study helps in understanding the extent to which the current global health crisis occupies the minds of patients and the time clinicians may spend in practice addressing questions and concerns pertaining to COVID-19.

CONVERGENCE, DIVERGENCE, AND ACCOMMODATION: EXPLORING MEDICAL RESIDENTS' NONVERBAL COMMUNICATION WITH PATIENTS

Tamara Owens, Howard University

Communication is a core element in the practice of medicine. The relationship between physicians and their patients is a social interaction where each fulfill well-defined roles in clinical encounters. Health communication's focus on patient-provider interactions has grown significantly over the years as more insight revealed the link between communication and health outcomes (Robinson et al., 2016). The quality of communication influences the rapport between the physician and the patient and the patient's health outcome. A growing body of evidence has broadened and better defined the skills essential for a successful communication exchange where patient-centered communication is the optimal model. This model is a comprehensive and balanced use of both verbal and nonverbal communication skills can foster an inclusive environment.

Nonverbal communication has historically been perceived as less important in the clinical encounter. However, a growing body of nonverbal communication studies has shown there is a relationship to patient satisfaction, trust, and treatment adherence. Nonverbal communication involves emotional cues that manifest through the face and the body. During a clinical encounter, the patient and physician are required to decode the cues to understand and respond to the other person. Our nonverbal cues are always present. Individuals bring nonverbal behaviors to every situation, but research on physicians' abilities to encode and decode their patients' nonverbal behaviors is limited. The available research reveals that nonverbal behavior matters. Nonverbal behavior influences and impact patients and is linked to patient satisfaction, health disparities, trust, and competence (Schmid & Cousin, 2013). However, medical education training on communication skills does not consistently emphasize the primary role that nonverbal communication plays in patient-centered communication. The perception of best practices and the reality of practice in the clinic (King & Hoppe, 2013) are misaligned.

Medical residents compose a significant proportion of the clinical workforce for the American healthcare system. As trainees, they provide supervised patient care until completion of their specialty training. There is a perception of medical residents' competence with the skills required for effective patient communication. The knowledge of nonverbal communication will drive the use and eventual application of accommodation strategies during the clinical encounter to create a treatment plan to manage the patient's primary complaint. However, the actual skills and aptitude of medical residents' effective use of nonverbal communication in clinical encounters have not been well documented. Physicians need to understand their patients' nonverbal behaviors and be cognizant of their own nonverbal behaviors to minimize communication misalignment. There is a significant gap in the literature on the impact of medical residents' use of nonverbal communication.

This study explored medical residents' use of nonverbal communication with patients and their perceptions of how they use nonverbal communication to converge, diverge, and accommodate for successful clinical encounters and better overall patient health outcomes. The study used a mixed-method approach to gain insight into how effectively medical residents incorporate nonverbal communication in clinical encounters.

Coping with COVID-19 at the Community Level: Testing the Predictors and Outcomes of Communal Coping

Youllee Kim, The Pennsylvania State University

Xi Tian, The Pennsylvania State University

Denise Solomon, The Pennsylvania State University

The coronavirus disease 2019 (COVID-19) pandemic presents an enormous global threat, requiring collaborative efforts to slow down the spread of the virus. This study was an initial step toward understanding how and why members of the community communally cope with a shared health concern. Communities with social environment and infrastructure that render more opportunities for communal coping are likely to facilitate resilience and thriving in the face of stressful events. Drawn from the extended theoretical model of communal coping (Afifi, Basinger, & Kam, 2020), we examined (a) factors that promote community members' communal coping and (b) the influence of communal coping on psychological well-being and positive adaptation in the context of COVID-19 pandemic.

Participants (N = 257) living in the state of New York responded to the survey from June 10th to 26th, 2020. The results of structural equation modeling demonstrated that participants who have lived in the same community for a longer period of time and have stronger community identity were more likely to communally cope with the COVID-19. Contrary to our expectation, the extent to which individuals are connected to the communication infrastructure of the community did not predict their communal coping orientation. In addition, stronger communal coping orientation predicted the higher likelihood of adopting preventive health behaviors, but was unrelated to stress related to COVID-19.

Although prior research cautioned against assuming communal coping as always beneficial, the COVID-19 pandemic provides a context in which communal coping could aid individuals' stress management and protect public health. The findings suggest that fostering communal coping requires attention to features of the community that individuals are embedded in and the process of which communal coping mobilize individuals toward positive adaptation.

Covid-19 and perceptions of medical research: An analysis of unsolicited comments to news posts on Facebook

Aurora Occa, University of Kentucky

Clinical trials and medical research studies are necessary to discover new treatments and improve patients' quality of life. Despite their importance, many trials fail to recruit participants or fail to recruit individuals from minority groups, hampering the generalizability of the findings (Cohen, 2020). This lack of participation is due to several factors, including, for example, lack of knowledge about clinical trials or negative attitudes. The current pandemic has highlighted the importance of medical research and the challenges researchers face on a greater scale than ever before.

Newspapers and experts worldwide are updating readers daily about existing vaccine trials or about the health status of the participants involved. Individuals are sharing information and opinions online with their followers and friends. It is not clear how this unprecedented communication about clinical trials is affecting individuals' perceptions of medical research. These messages may be influencing individuals' perceptions positively, due to the importance of containing the pandemic and resuming economic activities. This may be especially true in countries that have suffered a high number of deaths and cases, like Italy, one of the first western countries hit by Covid-19. On the contrary, the high uncertainty and information overload may be influencing negatively the perceptions that individuals have about the effectiveness and quality of medical research.

Therefore, this study aimed to investigate how and what individuals are communicating about medical research on a social network, Facebook. This channel was selected because it is the first channel through which individuals look for information in Italy (Censis, 2019). A sample of newspapers articles published on Facebook by major news outlets between September 2020 and December 2020 was selected. The articles were selected by using keywords like "trial" and "test." Users' comments below these articles were retrieved and randomly sampled to be included in the analysis. A coding book was developed considering the constructs of the Health Beliefs Model and previous research on clinical trial communication and accrual.

Findings indicated that individuals have a limited understanding of medical research. Individuals tend to conflate concerns for vaccines and concerns for clinical trials. Many comments praised the importance of identifying a vaccine against Covid-19, but individuals also stated not to be willing to participate in a trial. Among the concerns about the trial, individuals mentioned fear of side effects from the vaccine tested, fear of the long-term and unknown effects, lack of time for appropriate testing, and lack of trust in pharmaceutical companies. Considering the findings, future directions on how to improve communication and messages about medical research are identified and discussed.

COVID-19 Contact Tracing News Environment in Minnesota

Hannah Kinzer, University of Minnesota School of Public Health

Elisia Cohen, University of Minnesota Hubbard School of Journalism and Mass Communication

In the context of the COVID-19 pandemic, public health surveillance is essential now more than ever for containing the spread of disease and estimating disease prevalence (CDC, 2020). Contact tracing allows public health professionals to identify where disease is in a community and prevent infected individuals from spreading the disease to others. Health departments rely on surveillance data to inform policy decisions, to develop recommendations, and to allocate resources. However, there is a gap in communication about public health surveillance to the general public, which has the potential to lead to distrust and incomplete data (Groseclose & Buckeridge, 2017; Haggerty & Gazso, 2005). This news analysis addresses the gap in research on COVID-19 contact tracing communication. It included articles containing the phrases “contact tracing”, “case identification,” and “contact identification” published in Minnesota newspapers between January 1, 2020 and May 1, 2020, yielding 165 articles (104 unique articles). Articles were queried from Access World News database and websites of eight local ethnic newspapers. A deductive approach using a codebook, developed with guidance from subject matter experts at the Minnesota Department of Health, was used to code the queried articles. Items included whether the article contained a definition of contact tracing consistent with Centers for Disease Control and Prevention (CDC) or the World Health Organization (WHO), whether the article included an explanation of contact tracing processes consistent with CDC, whether the article included reasons for contact tracing consistent with CDC or WHO, and what people or organizations were quoted in the article. Findings reveal that scientists, researchers, and prominent leaders (Gov. Walz, Health Commissioner Jan Malcom, etc.) were often quoted, and contact tracing was mentioned in the context of plans to reopen the state. However, few articles gave a definition, reason, or explanation of the process of contact tracing that was consistent with CDC or WHO publications. Roughly three-quarters (72%) of the articles did not include any definition of contact tracing, and 13% contained a definition that was inconsistent with CDC or WHO. Roughly 35% of the articles did not give reasons for contact tracing, and 33% gave reasons for contact tracing that differed from the CDC or WHO, such as opening schools and businesses. A majority of the articles also did not include any explanation of the contact tracing process (68%), and 23% differed from that of the CDC. Informed by crisis and risk communication best practices, these findings indicate that communication about contact tracing in the news media was deficient, despite the early importance of contact tracing in the COVID-19 response (Reynolds & Seeger, 2005). This study has implications for health officials and journalists for creating accurate and timely information about COVID-19 response strategies.

Covid-19 Perceptions in the Oral-Tradition Based Amish Community of Central Pennsylvania

Emily McGrath, Juniata College

The unique tradition based culture of the Old Order Amish provides us with an opportunity to understand how specific communication methods can shape perceptions of healthcare. This research is a case study on how the Old Order Amish communities in Central Pennsylvania communicate and their perception of healthcare, specifically around the Coronavirus. Amish views on many facets of life differ from those in our “technology based” society. Religious beliefs as well as the desire to lead a simplistic lifestyle result in a life with very limited technology use. On top of this, their community-based and collective approach to life and decision making is one of the reasons that their communication methods are vastly different from those of the Western world. While most of the “modern world” uses technology, social media, and broadcast television to receive information, the Amish have a much more traditional and sacred method of information transfer. Face-to-face communication and storytelling are their primary means of communication spread, and because of the nonverbal and verbal nuances in face-to-face communication, perceptions of said information greatly changes. This research analyzes interviews, editorials from local newspapers, and observation in various social scenarios to better understand how the vastly unwritten rules, beliefs, and stories of the Amish community in Central PA give us insight to how this culture responds to and prevents contracting the Coronavirus. It illuminates the failures of the current healthcare system in regard to multicultural understanding and adaptation, as well as the healthcare field’s failure to cater to small, marginalized, and minority communities. With this study, we will be able to better understand how the communication methods of cultures, specifically those that utilize verbally transmitted information and knowledge, can shape and alter their perceptions of life, health, and the Covid-19 pandemic.

Cross-national Media Coverage of Drug Trafficking: Community Structure Theory and “Detached” Resource Privilege

Tess McInerney, The College of New Jersey
Aleksandra Bojer, The College of New Jersey
Marcel Parsons, The College of New Jersey
Tonianne Artificio, The College of New Jersey
John C. Pollock, The College of New Jersey
Alexis Marta, The College of New Jersey

Community structure theory (Pollock, 2007, 2013a, 2013b, 2015) compared cross-national newspaper coverage of drug trafficking in leading newspapers, one per country, in 22 countries, analyzing articles of 250+ words from 11/1/08 to 6/26/20. The resulting 266 articles were coded for “prominence” and “direction” (“government responsibility,” “societal responsibility,” or “balanced/neutral” coverage) and combined into composite “Media Vector” scores for each newspaper (range 0.9403 to -0.6208, a total range of 1.5611). A majority, 15 of 22 (71%), of Media Vectors registered media coverage emphasizing more “societal responsibility” and less governmental responsibility to reduce drug trafficking.

Contrary to prediction, privilege was a driver of coverage emphasizing “less” government responsibility for drug trafficking. Although it was expected that higher privilege levels (populations “buffered” from uncertainty) would be associated with coverage emphasizing government responsibility (Pollock, 2007, pp. 61-100), this hypothesis was disconfirmed. Unexpectedly, hospital beds ($r = -0.40$, $p = 0.032$), a measure of health care privilege, and coal production ($r = -0.437$, $p = 0.035$) and coal consumption ($r = -0.364$, $p = 0.046$), two measures of resource privilege, were all connected to media coverage emphasizing “less” government responsibility for drug trafficking. An outlier exception measuring resource privilege, oil consumption ($r = 0.435$, $p = 0.022$), was significantly associated with more media emphasis on government responsibility for reducing drug trafficking.

Overall, these findings connecting privilege with media emphasis on “less” government responsibility parallel previous research on cross-national coverage of water contamination (Wissel, et al., 2014, 2015) and child labor (Kohn & Pollock, 2014, 2015). Countries with greater use of clean energy may be less reliant on government and may have more societal resources to reduce drug trafficking. Alternatively, the findings might reveal a privileged “detachment” perspective, in which privileged nations may consider themselves relatively distant from the issue of drug trafficking because they are socially and economically “buffered” from that vulnerability.

This study also confirmed that one vulnerability indicator—poverty level ($r = 0.392$, $p = 0.039$), a measure of health vulnerability—was linked to coverage emphasizing “more” government responsibility for reducing drug trafficking. Perhaps nations with greater economic disadvantages rely more on their governments to resolve issues like drug trafficking, confirming the “vulnerability” hypothesis, which expects nations with more vulnerable populations to be associated with coverage emphasizing government responsibility for human rights claims (Pollock, 2007, pp. 137-156). These results confirm previous “vulnerability” pattern findings on coverage of genetically modified organisms (Pollock, Peitz, et. al., 2017), transit migration toward Europe (Pollock, O’Brien, et. al., 2019), condom promotion (Pollock, Melvin, & Hendrickson, 2019) and human trafficking (Cruz, et. al., 2018).

Combining measures of prominence and direction generated highly sensitive “Media Vector” scores illuminating the capacity of media to reflect country level measures of vulnerability and privilege. From a theoretical perspective, this drug trafficking study confirmed an empirical finding by one of the founders of the “agenda-setting” theory, urging that the agenda-setting’s “top down” perspective is complemented by the “bottom-up” viewpoint of community structure theory’s indicators of community-level demographics (Funk & McCombs.)

Cross-National Media Coverage of Food Security: Community Structure Theory and Privileged Media and Resources

Suchir Govindarajan, The College of New Jersey
Alexa Natalicchio, The College of New Jersey
Mayte Rodriguez, The College of New Jersey
Samantha Bialoblocki, The College of New Jersey
John C. Pollock, The College of New Jersey
Miranda Crowley, The College of New Jersey

Community structure analysis (Pollock, 2007, 2013a, 2013b, 2015) compared cross-national newspaper coverage of food security in leading newspapers in 26 countries, analyzing articles of 250+ words from 05/01/10 to 06/07/20. The resulting 573 articles were coded for “prominence” and “direction” (“government responsibility,” “societal responsibility,” “balanced/neutral” coverage of food security) and combined into composite “Media Vector” scores for each newspaper (range 0.5879-0.0564: range 0.6443). Twenty-one out of 26 (80.8%) of Media Vectors emphasized “government responsibility” to promote food security.

Overall, measures of “expression privilege” (freedom of the press) and “resource privilege” were robustly connected to coverage supporting government responsibility for promoting food security. It was expected that higher privilege levels (populations “buffered” from economic uncertainty) would be associated with coverage emphasizing government responsibility (Pollock, 2007, pp. 61-100). This hypothesis was confirmed. Regression analysis revealed that freedom of the press (22.1% of the variance) and measures of “resource privilege,” including coal consumption (7.3%) and coal production (5.5%), collectively totaled 34.9% of the variance associated with coverage emphasizing more government responsibility for food security. By contrast, electricity consumption (5.8% of the variance) was linked to coverage emphasizing less government responsibility for food security.

Unexpectedly, measures of “agricultural dependence” were not significantly associated with variations and coverage of food security, including percent agricultural land, value added to GDP from agriculture, crop production index, food production index, and percentage of permanent cropland. Rather, broad, national measures of press freedom and resource privilege were closely linked with media support for government responsibility for food security. Since high level energy consumption/production indicate resource privilege, populations with resource privilege are “buffered” from food insecurity. Therefore, “buffered” nations with greater “resource privilege” can in some sense “afford” to sympathize with those populations facing food insecurity. Emphasis on government responsibility will thereby provide more food to populations who are food insecure. These “buffer hypothesis” findings are consistent with previous community structure research on cross-national coverage of human trafficking (Alexandre, et al., 2014, 2015) and HIV/AIDS treatment access (Etheridge, et al., 2014, 2015).

Empirically, media coverage of food security can be associated with multiple indicators of “buffered” privilege (communication and resource) linked to coverage emphasizing government responsibility for the issue. Methodologically, the composite Media Vectors sensitively portrayed combinations of measures of “prominence” and “direction” to reflect different levels of media support for government responsibility to address food security. Theoretically, by emphasizing the influence of national demographics, community structure theory complements agenda-setting theory at the national level, highlighting, as found empirically by prominent agenda-setting scholars (Funk & McCombs, 2015), the way demographics and prominent newspapers can both affect coverage of important issues, including food security.

Cross-National News Coverage of Government Response to COVID-19: Community Structure Theory and Privileged Health Access

Jessica Fleischman, The College of New Jersey
Courtney Sacco, The College of New Jersey
Sumaya Sippy, The College of New Jersey
Allison Uhl, The College of New Jersey
John C. Pollock, The College of New Jersey
Miranda Crowley, The College of New Jersey

A community structure analysis (Pollock, 2007, 2013, 2015) compared national characteristics and cross-national newspaper coverage of government responses to COVID-19 in 26 different countries, examining all relevant articles of 250+ words selected from 09/15/2020 to 10/15/2020. The resulting 471 articles were coded for “prominence” (placement, headline size, article length, and presence of graphics) and “direction” (“government responsibility”, “societal responsibility”, or “balanced/neutral” coverage of COVID-19), then combined into composite “Media Vector” scores for each newspaper, from +1.000 to -0.0441: with a range of 1.0441. Twenty four out of 25 Media Vectors (96%) emphasized government responsibility for COVID-19 responses.

Overall, measures of privilege (especially healthcare privilege) were robustly connected to media coverage supporting government responsibility for COVID-19 responses, confirming the “buffer” hypothesis: privilege associated with empathic coverage of human rights claims, in this case health access rights (Pollock, 2007, pp. 61-100). Midwives per 100,000 was positively and significantly linked with media emphasis on government responsibility for COVID-19 ($r = 0.522$, $p = 0.000$). Other indicators of healthcare access privilege, including physicians/100,000 ($r = 0.585$, $p = 0.001$), female life expectancy ($r = 0.522$, $p = 0.004$), hospital beds/100,000 ($r = 0.519$, $p = 0.004$), and male life expectancy ($r = 0.494$, $p = 0.006$) were also associated significantly with reporting emphasizing government responsibility for COVID-19. Additionally, other measures of privilege that proved highly significant were broadband subscriptions/100 ($r = 0.605$, $p = 0.001$) and GDP per capita ($r = 0.572$, $p = 0.001$).

Since midwives traditionally are strongly involved in the daily lives of their patients, midwives per 100,000 deserves considerable attention. First, midwives have relationships with patients that tend to be highly interpersonal and frequent, often live in the communities they serve, and frequently use traditional methods that are consistent with local cultural norms. Since midwives are more prevalent in more “privileged” countries with higher levels of GDP, GDP/capita, literacy rates, and broadband subscriptions/100, the connection between midwives and broad measures of national privilege confirms the buffer hypothesis: privilege associated with empathic coverage of government responsibility for the most vulnerable, in this case, those at risk for COVID-19. These findings confirming the “privilege” or “buffer” hypothesis are consistent with previous community structure research on cross-national coverage of human trafficking (Alexandre, et al., 2014, 2015) and HIV/AIDS treatment access (Etheridge, et al., 2014, 2015).

Regression analysis revealed that midwives per 100,000 accounted for 44.1% of the variance, and along with physicians per thousand (5.5%), and female life expectancy (7.0%), collectively total 56.0% of the variance associated with media emphasis on government responsibility for COVID-19. By contrast, percent permanent crop land accounted for only 11.1% of the variance, associated with media emphasis on “less” government responsibility for COVID-19. From a theoretical perspective, this COVID-19 study confirmed empirical evidence from a founder of “agenda-setting” theory, asserting that agenda-setting’s “top down” perspective is robustly complemented by the “bottom-up” viewpoint of community structure theory’s community-level demographics (Funk & McCombs, 2017).

Cross-National Newspaper Coverage of Climate Change: Community Structure Theory and “Buffered” Health Access Privilege

Faris El Akbani, The College of New Jersey
Avantika Butani, The College of New Jersey
Robert Robinson, The College of New Jersey
John C. Pollock, The College of New Jersey
Miranda Crowley, The College of New Jersey

Community structure analysis (Pollock, 2007, 2013a, 2013b, 2015) compared national characteristics and cross-national newspaper coverage of climate change in leading newspapers/news services in 21 countries, analyzing articles of 250+ words from 12/12/2015 to 09/27/2020. The resulting 454 total articles were coded for “prominence” and “direction” (“government responsibility,” “society responsibility,” or “balanced/neutral” coverage) and combined into composite “Media Vector” scores for each newspaper (range 0.4777-0.0130: range 0.4647). All 21 (100%), of Media Vectors registered “government responsibility” for addressing climate change.

Overall, measures of privilege were robustly connected to coverage supporting government responsibility for addressing climate change. It was expected that higher privilege levels (populations “buffered” from economic and health uncertainty) would be associated with coverage emphasizing government responsibility: Pollock, 2007, pp. 61-100). This hypothesis was strongly confirmed. Beginning with measures of midwives per 100,000, a total of nine variables registering at 0.01 significance level or better and were significantly connected with coverage emphasizing government responsibility for addressing climate change. They can be categorized in three clusters: privileged healthcare access: midwives per 100,000 ($r = 0.718$, $p = .000$), male life expectancy at birth ($r = 0.593$, $p = 0.002$), physicians per 100,000 ($r = 0.584$, $p = 0.002$), female life expectancy at birth ($r = 0.563$, $p = 0.004$); female empowerment: percentage of female enrollment in secondary school ($r = 0.542$, $p = 0.007$), female school life expectancy ($r = 0.608$, $p = 0.002$); and overall privilege: broadband subscriptions per 100 people ($r = 0.640$, $p = 0.001$), GDP per capita ($r = 0.600$, $p = 0.002$), and literacy rate ($r = 0.528$, $p = 0.007$).

Regression analysis revealed that greater levels of midwives per 100,000 in a nation (46.7% of the variance), physicians per 100,000 (4.9% of the variance), and GDP per capita (5.2% of the variance) collectively accounted for 56.9% of the variance collectively associated with media emphasis on government responsibility for addressing climate change. Because midwives account for almost half of the variance, they deserve special attention. Midwives, physicians per 100,000, and GDP per capita are indicators of privilege, in particular privileged healthcare access. The “buffer hypothesis” expects nations with greater proportions of privileged groups to favor government involvement in critical social issues like climate change. These findings are consistent with previous community structure research on cross-national coverage of human trafficking (Alexandre, et al., 2014, 2015) and HIV/AIDS treatment access (Etheridge, et al., 2014, 2015).

Empirically, the nine measures of “privilege” regarding healthcare, female empowerment, and overall privilege were closely linked to cross-national media emphasis on “government” responsibility for addressing climate change. Methodologically, combining measures of both “prominence” and “direction” generated highly sensitive Media Vectors that highlighted the capacity of the media to reflect community measures of “privilege” and “violated vulnerability.” From a theoretical perspective, this climate change study confirmed an empirical finding by one of the founders of “agenda-setting” theory, urging that agenda-setting’s “top-down” perspective be robustly complemented by the “bottom-up” viewpoint of community structure theory’s indicators of community-level demographics (Funk & McCombs, 2017).

Culture-centered Health Approach to Understand the Health Experience of Bangladeshi Low-income Immigrants in DC during COVID-19

**Jamal Uddin, Howard University
We Sun, Howard University**

The COVID-19 pandemic has disproportionately affected underrepresented communities across all states in America, especially people who are living in poorer and diversified areas (Adhikari, Pantaleo, Feldman, Ogedegbe, Thorpe, & Troxel, 2020; Baranauckas & Stebbins, 2020; Levine, Johnson, Maki, & Hennekens, 2020). Minority members with lower socio-economic backgrounds might have faced more negative experiences during the current pandemic since many of them have no health insurance and are burdened with pre-existing health conditions, such as chronic cardiovascular and pulmonary disease (Khatana & Groeneveld, 2020). Besides, poor health literacy is another barrier for disadvantaged minority members in relation to preventive health practices (White, Chen, and Atchison, 2008; Nutbeam, 2008). Distinct cultural beliefs of many ethnic minority groups may be another contributing factor that deters them to access modern health facilities (Gany, Herrera, Avallone, & Changrani, 2006; Person, Holton, Govert, & Liang, 2004).

Though Public health in the United States is a priority concern for improving the health of its population including racial and ethnic minorities, a subset of ethnically diverse groups is traditionally absent or invisible from the mainstream health policies and health programs due to focus on umbrella groups--White, Black or African American, American Indian or Alaskan Native, and Asian (Dutta & Jamil, 2013; Levine et al., 2020; Lor, 2018).

To address health disparity and understand ethnic health, research on the subgroup population is much needed (Lor, 2018). Because each subset of minority groups, including Bangladeshi immigrants, has unique circumstances concerning the information on preventive health behavior and health status (Wu & Raghunathan, 2020). The health status of Asians is much diverse. For instance, Chinese immigrants are at higher risk of hepatitis B, while Bangladeshi immigrants are at higher risk of diabetes compared to other Asian Americans (Islam et al., 2016). Thus, this study aims to understand the health experiences of low-income Bangladeshi immigrants during COVID-19 under the lens of the culture-centered health approach of Dutta (2007). This approach focuses on changing social structure regarding health through dialogue with cultural members to create space and promote marginalized cultural voices. Following the literature, this study posits the following research questions:

RQ1: What are the Bangladeshi immigrants' health beliefs and experiences during the COVID-19 pandemic?

RQ2: How do cultural beliefs negotiate the health decision of Bangladeshi immigrants during the pandemic?

Method: This study is designed following focused ethnography that is suitable for context-specific research and best link to participants' subjective interpretation with knowledge discovery within the domain of cultural belief to understand their health behaviors (Higginbottom, Boadu, & Pillay, 2013; Okoniewski, Lee, Rodriguez, Schnall, & Low, 2014). A purposive sampling technique is used to get a more representative sample for a better reflection of the study findings. This study devises of taking interviews of 21 low-income Bangladeshi immigrants included seven male, seven women, and seven undocumented immigrants who are living in DC. The study population mostly lives in North East DC and most of them are minimum wage earners. To move forward with data collection, an IRB application is already submitted at Howard University.

Developing a Theoretical Framework for Understanding Death Positive Approaches to Advance Care Planning Motivation

Christian R. Seiter, George Mason University

The death positive movement (DPM) is an inclusive, influential group of advocates consisting of funeral industry workers, artists, academics, and enthusiasts who seek to bring to light communication issues surrounding death and dying. The guiding figures of the DPM are important public figures whose works include three New York Times best-selling books, YouTube channels with millions of subscribers (e.g., Ask a Mortician), and several acclaimed podcasts. Central to the DPM's mission is the practice of advocating for increased advance care planning (ACP), which is the process of communicating end-of-life (EOL) wishes to loved ones and others who may be involved in medical decision making. Benefits of ACP include decreased decision-making burden on families, fewer ICU admissions, fewer in-hospital deaths, increased satisfaction with care, and more. Despite these benefits, fewer than one-third of American patients engage in ACP; thus, it is imperative to discover methods for motivating people to engage in this vital health communication process. The DPM has been successful in motivating people to discuss EOL matters, a task which many others, such as healthcare providers, have found challenging. Thus, the present study seeks to better understand the unique approaches the DPM takes to motivate people to engage in ACP (e.g., an irreverent, humorous podcast episode titled, "Get Your Sh*t Together!"). This study will use thematic analysis to analyze interviews from DPM members (consumers and creators of death positive media, N = 7–12) to better understand how death positive approaches can be used to motivate people who suffer from death anxiety to engage in ACP. Moreover, this study will culminate in a theoretical framework to guide future qualitative and quantitative research about ACP motivation.

Developing COVID-19 Communication Resources for Providers: A systematic review

Elaine Wittenberg, California State University Los Angeles
Joy Goldsmith, University of Memphis
Chiahui Chen, University at Buffalo-The State University of New York
Maryjo Prince-Paul, Palliative Care and Serious Illness Consultant
Renee R. Johnson, California State University Los Angeles

Treatment guidelines for COVID-19 issued by the National Institutes of Health include advance care planning and goals of care discussions for patients and family members, however little is known about the scope of provider communication tools and topics for COVID-19 communication. Initial resources were written with limited understanding of how isolation requirements, time limitations, and lack of family access impacted provider-patient/family communication. Understanding provider, patient, and family experiences in the context of COVID-19 care settings is vital to the development of responsive communication strategies. Our goal was to determine the content of provider communication resources and peer-reviewed articles on COVID-19 communication in order to identify opportunities for developing future comprehensive COVID-19 communication resources for providers. A systematic review was conducted, consisting of grey literature of COVID-19 communication resources for healthcare providers and peer-reviewed articles on provider, patient, and family communication in COVID-19 care using CINAHL, PubMed, PsycInfo, and Web of Science. The grey literature review was conducted in September 2020 and articles published between January-September 2020 written in English were included. A total of 89 sources were included in the review, (n=36 provider communication resources, n=53 peer-reviewed articles). Resources were available for all providers, mainly physicians, and consisted of general approaches to COVID-19 communication with care planning as the most common topic. Only four resources met best practices for patient-centered communication. Few provider resources reviewed in this study focused on communication with families, with even less content available for telehealth interactions. Similarly, all but three peer-reviewed articles described physician communication where a general emphasis on patient communication was the most prevalent topic. Reduced communication channels, absence of family, time, burnout, telemedicine, and reduced patient-centered care were identified as communication barriers. Although telemedicine was considered an effective resolution to communication restrictions, the inconsistent availability of telemedicine was a noted communication barrier. This review also showed that healthcare providers suffer from high emotional exhaustion due to insufficient communication skills and an absence of communication efficacy during the COVID-19 pandemic. Communication facilitators were team communication, time, patient-centered and family communication, and available training resources. Findings from this review highlight three important gaps. First, the majority of sources in this review were physician-centered and there remains a need provide support to non-physician team members. Second, there continues to be a lack of evidence-base for communication support materials. An evidence-base and theoretical grounding in communication theory are needed. Finally, it is evident that telehealth interactions will continue to be more widespread and there is a need to prepare providers for mediated communication. Future development of COVID-19 communication resources for providers should address members of the interdisciplinary team, communication with family, engagement strategies for culturally-sensitive telehealth interactions, and support for provider moral distress. As providers utilize new technology, more work is needed to determine best ways to engage patient and family in virtual environments. The gaps identified in this review inform the development of future COVID-19 communication resources for providers.

Does Interpersonal Communication About “The Real Cost” Campaign Predict Lower Vaping Intentions Via Health Belief Model Variables?

Yachao Li, The College of New Jersey
Diana Higgins, The College of New Jersey
Angelina O’Brien, The College of New Jersey

Background. Emerging research indicates that interpersonal communication about mass media campaigns and about the targeted issues affect the effectiveness of mass media messages. Conversations about anti-smoking television advertisements have mediated the effects of the media content on quitting intentions and cessation help-seeking among smokers. However, less is known about whether campaign-stimulated interpersonal communication mediates the effectiveness of social media messages on tobacco use intentions. Few studies have also examined whether interpersonal communication plays a role in reducing e-cigarette use intentions among both smokers and non-smokers and among both vapers and non-vapers. Moreover, while the effects of interpersonal communication on behavioral intention have been documented, the underlying mechanisms remain unclear. In other words, we know less about why interpersonal communication about campaigns and promoted health behaviors predict behavioral intentions. Guided by the Health Belief Model (HBM), this study aims to address the research gaps in the context of “The Real Cost” anti-vaping campaign among college students. We hypothesize that increased exposure to the campaign on social media predicts more frequent interpersonal communication about the campaign, which in turn predicts more frequent interpersonal communication about staying away from vaping. More conversations about vaping predict higher perceived health threat of vaping, lower perceived benefits of vaping, greater costs of vaping, and heightened self-efficacy of staying away from vaping, all of which, in turn, predict lower intentions to vape.

Methods. Participants (N = 449) were recruited in undergraduate classes in a mid-sized Northwestern university. The mean age was 20 years old (range: 18-24). About 78% of the participants were women, 88% were heterosexual, and 68% were non-Hispanic White. The majority of the sample were no-smokers (96%). Nearly 28% of participants used e-cigarettes in the past 30 days.

Results. A path analysis tested hypotheses. Controlling for participants’ age, gender, sexual orientation, race, and smoking and vaping status, the model fit the data well. Results supported all of the hypotheses. Indirect effect analyses demonstrated that perceived costs of vaping and perceived self-efficacy of staying away from vaping mediated the relationships between interpersonal communication about vaping and vaping intentions. Moreover, increased campaign exposure predicted lower intentions to vape indirectly via higher interpersonal communication about the campaign and about vaping, and in turn, higher perceived costs and self-efficacy.

Discussion and Conclusion. Consistent with prior studies, the results showed that the content of campaign-stimulated conversations matter. Exposure to anti-vaping campaign messages only directly predicted interpersonal communication about the campaign, but indirectly predicted vaping-related conversations through conversations about the campaign. This further suggested that promoting conversations about public health campaigns may be the first step to achieve attitude and behavioral change. In addition, perceived benefits of vaping and self-efficacy of staying away from vaping were mediators accounting for the associations between vaping-related conversations and vaping intentions. Future studies should explore other cognitive and emotional mechanisms to better understand the effects of interpersonal communication on behavioral intentions.

Does Social Support Alleviate Worry and Psychological Distress among College Students during the Covid-19 Pandemic?

Cindy (Yixin) Chen, Sam Houston State University
Seema Khowaja, Sam Houston State University

Background: The Covid-19 pandemic has claimed the lives of 265,000 people and infected over 13 million in the U.S. as of November 28, 2020. The pandemic has been devastating to the educational and life experience of college students, a population that already suffers from a high level of stress. Social support has been documented as a crucial resource for reducing stress and anxiety and maintaining good health. However, the pandemic is an unprecedented crisis that may be far beyond individuals' coping abilities. It is unclear whether social support still produces a beneficial effect during such an extremely stressful time. Relying on the main-effect model of social support (Cohen & Wills, 1985), we proposed a model hypothesizing that social support reduces specific worry about getting Covid-19 and general worry about various aspects of life, which further alleviate psychological distress among college students.

Method: Data are being collected via online survey from undergraduate students in various majors in late November at two U.S. universities. Age, gender, ethnicity, relationship status, health status, major, monthly income, and residential community will be included as control variables. Social support was measured by the 10-item Social Provisions Scale. The response items include "there is a trustworthy person I could turn to for advice if I were having problems." Specific worry about one's own infection was measured by "During the last 30 days, how often have you felt worried about your contracting coronavirus sometime in the future? Specific worry about loved ones' infection was measured by the same item above with "your" being changed to "your loved ones' " General worry about self was measured by a stem item stating that "During the last 30 days, how often have you felt worried about?" The response items include "your financial situation" and "your academic performance." General worry about loved ones was measured by the same stem item above. The response items include "your loved ones' financial situation" and "your loved ones' losing/finding a job." Psychological distress was measured by the 10-item Psychological Distress Scale. The stem item states "During the last 30 days, how often did you feel..." The response items include "tired out for no good reason?"

Anticipated findings: Participants who have higher social support are likely to have lower specific worry about one's own infection and loved ones' infection, as well as lower general worry about self and loved ones, which will, in turn, alleviate their psychological distress during the pandemic.

Implications: This study will advance the development of social support theories by testing the main-effect model in the context of the Covid-19 pandemic, which has brought unprecedented challenges both for individuals and society. Findings of this project will reveal possible causal mechanisms as to how perceived social support during an extremely stressful time mitigates psychological distress by reducing different kinds of worry. It will also inform intervention strategies that aim to provide access to social support, decrease both specific worry and general worry, alleviate psychological distress, and improve mental health among college students.

Dyadic Coping, Family Communication Patterns, and Pediatric Cancer: Mothers' Perceptions of Coping with their Partners

Anna M. Kerr, Ohio University

Elaine Wittenberg, California State University, Los Angeles

Joy V. Goldsmith, University of Memphis

When a child is diagnosed with cancer, relationship stressors between parents often evolve over the course of treatment and adversely affect the child's ability to cope with cancer-related stress. Parent distress also negatively impacts parents' quality of life, family functioning, mental and physical health, and can impede communication with providers. Parental coping is significantly correlated with mothers' coping associated with father's depressive symptoms. Given that open communication between parents supports parent adjustment to diagnosis and improved communication with providers, it is likely that parent communication patterns may impact the dyadic coping process.

In this study, we examine mothers' perceptions of dyadic coping with their partner and how those perceptions vary based on a family communication pattern. We relied on the Family Caregiver Communication Typology, which applies the two dimensions of family communication patterns—conformity and conversation—to identify four family caregiver types: Manager (high conversation; high conformity), Partner (high conversation; low conformity), Carrier (low conversation; high conformity), and Lone (low conversation; low conformity). Our primary aim was to determine whether perceptions of dyadic coping vary by caregiver type.

We collected data using an anonymous cross-sectional online survey of mothers of children with cancer. Caregiver type was identified using a modified version of the Family Caregiver Communication Tool (FCCT), which evaluates family conversation and conformity regarding cancer caregiving. Mothers' perceptions of coping with their partner was measured using the Dyadic Coping Inventory, which evaluates positive dyadic coping, negative dyadic coping, and stress communication between partners. After identifying caregiver type, we ran a series of t-tests to examine differences in dyadic coping.

Our final sample included 81 mothers representing Partner ($n = 50, 61.7\%$) and Manager ($n = 31; 38.3\%$) caregivers. The sample was primarily White (92.6%) and most participants had an Associate's (7.4%), Bachelor's (48.1%), Master's (19.8%), or doctoral/professional (9.9%) degree. Approximately one-third of the sample were employed full-time (33.3%) and 27.2% identified as full-time homemakers. All participants had a partner or spouse with whom they shared caregiving duties.

A series of t-tests revealed significant differences by caregiver type for one dimension of dyadic coping: stress communication by one's partner [$t(75) = -2.68; p = .009$]. Specifically, Manager caregivers reported that their spouses/partners more frequently express feelings of stress and ask for advice, assistance, or support more than Partner caregivers reported these behaviors in their partners/spouses.

As both caregiver types exhibit a high conversation pattern, these findings suggest that the high conformity pattern of the Manager caregiver type among mothers increases their caregiving role to include supporting the coping of their partners. Based on the typology, Manager caregiver types dominate care planning and decision-making for the family and focus on action in the place of process. Study findings here demonstrate that mothers who are Manager caregiver types also assume responsibility for family coping. This expands our understanding of the caregiving challenges unique to the parent dyad and illustrates the importance of examining parental communication in pediatric care contexts.

Effective Communication for Shared Decision-Making with Internet-informed Cancer Patients: Key Elements and Context Factors

Simone Jäger, University of Erfurt

Patients increasingly seek health information on the Internet prior to the consultation to better cope with diseases and treatments, and this trend is growing rapidly. The Internet offers a flood of information on therapies, their side effects, and success rates which gains special meaning for the shared decision-making in chronic diseases with a high mortality rate like cancer. Internet-informed patients discuss their search results with their physicians, including the online information and related expectations. Different studies indicate that doctor-patient communication should be appreciated as part of the treatment since it positively impacts patients' outcomes, among them satisfaction, well-being, and adherence (cf. Dean & Street, 2015; Epstein & Street, 2007; Roter, 2000; Roter & Hall, 2006; Street, Makoul, Arora, & Epstein, 2009; Street, 2013).

Given this background, the present study looks into doctors' effective communication in this setting which conveys a practical value in terms of medical guidelines for the face-to-face consultation. A theoretical framework was developed to promote better understanding of this context and to link doctor-patient interaction under the influence of the online context to effectiveness indicators (basic components: Epstein & Street, 2007; Kreps, O'Hair, & Clowers, 1994; Politi & Street, 2011; Street, 2003). From this, several research questions were derived, the main ones of this selected part are: (1) Which key elements of effective communication in shared decision-making conversations with Internet-informed cancer patients can be identified and (2) which context factors within the doctor-patient interaction do come into play? Here, communicative best practice strategies and their interplay with personal characteristics, i.e. traits both of physicians and patients, and cognitive-affective factors related to the setting, i.e. doctor's main role(s) as frame and concrete patients' outcomes as goals, are examined.

Built upon the theoretical basis, the two main perspectives of the medical interaction for the three most prevalent cancer types, i.e. breast, colon and prostate cancer, are explored in two steps, both online and nation-wide in Germany. This part deals with the first one, a qualitative-quantitative Delphi survey (2018/19) with two rounds (N1 = 268, N2 = 115) for identifying the consensus on best practice strategies and the correlation with the mentioned personal and situational context factors. The survey was conducted with treatment-leading physicians in the tumor boards as experts for the provider's perspective and patients' representatives as experts for the patient's perspective.

The consensus on ideal patient-centered communication can be clustered into seven thematic categories of which doctor-patient relationship, information exchange, and dealing with emotions proved as main ones. In total, 43 communicative strategies were found. The analysis of strategies and factors within the interpersonal context of the consultation showed significant correlations with different effect sizes.

In conclusion, preparation is key to the decision-making talk, thus, doctors should invest in the whole communication process from the beginning of the encounter with their patients. The identified best practice strategies, doctor's main role(s), and considered outcomes as goals confirm the importance of a patient-centered communication style. There is a complex interplay between them and the other context factors at work.

Emotional Response to a Cognitive Dissonance-Based Behavioral Health Intervention

Christine Skubisz, University of Delaware

Background: Cognitive Dissonance (CD) theory posits that people are driven by the need for consistency between their attitudes and behaviors because inconsistency generates discomfort. CD based health interventions aim to create discomfort or confusion about the match between a person's attitudes and behaviors. Discomfort motivates change that is aimed at resolving the discomfort. People use language to translate and communicate their internal thoughts and expressive writing interventions (EWI) can be used as a mechanism to produce CD. The outcomes of EWI are hypothesized to be emotional responses and corresponding action tendencies. There is limited evidence about the emotional responses to CD; however, it is established that cognitive discomfort, and potentially negative emotions, are necessary to modify attitudes and behaviors. To explore this idea, an experiment compared eight EWI in the context of disordered eating (DE). DE includes both health behaviors (e.g., food restriction) and cognitions (e.g., shame) and causes many of the same health outcomes as clinically diagnosed eating disorders (e.g., growth retardation and psychosocial disturbances). Pointing out discrepancies between attitudes and behaviors is common practice in cognitive behavioral therapy treatment for DE. This project examines the outcomes of a web-based EWI to provide evidence for this channel. Method: EWI were obtained from evidence-based prevention programs using pre-determined inclusion criteria. A sample of 326 women (M age=20.27, SD=1.16) were recruited and randomized to 1 of 8 experimental conditions, including a CD condition. The linguistic content of the EWIs was analyzed using computerized text analysis (LIWC). Results: The CD intervention lead to statistically significantly different linguistic content, compared to the other conditions. General affective processes (i.e., happy, cried), negative emotions (i.e., worthless, ugly), positive emotions (i.e., happy, good), anxiety (i.e., worried, fearful), and sadness (i.e., crying, grief) were examined. In the CD condition: 16.42% of the text described affective processes (other conditions ranged from 2.89 – 5.53%, $p < .05$); 13.78% was negative emotions (other conditions ranged from 2.59-4.34%, $p < .05$); 3.95% was anxiety (other conditions ranged from 0.42-1.98%, $p < .05$), and 6.59% was sadness (other messages ranged from .08-1.23%, $p < .05$). The CD message did not differ in terms of positive emotions expressed. Conclusion: This research provides evidence for the efficacy of a web-based CD intervention and expands our understanding of discrete emotions caused by CD. The CD writing prompt caused a higher percentage of emotional language overall and elicited a higher percentage of negative emotions specifically. Negative emotions are typically more powerful than positive ones at inducing behavioral responses. The condition also elicited the most sadness. Sadness increases inward evaluation, which can lead to problem solving behaviors intended to recover the loss. This action tendency may be necessary for cognitive or behavioral change and is a necessary condition for CD. EWI are easy to administer in a web-based prevention program and this format is useful for those unable or unwilling to participate in traditional treatment. CD theory has been criticized for lacking a practical, message design application, and these results offer guidance for applied communication research aiming to induce cognitive discomfort.

Emotions and Perceived Relative Risk Mediate the Effects of E-cigarette Misinformation on Intentions to Purchase E-cigarettes

Jessica Liu, Harvard TH Chan School of Public Health

Caroline Wright, Bristol Medical School, University of Bristol, Bristol, UK

Olga Elizarova, Play Collaborate Change, Boston, USA

Jennifer Dahne, College of Medicine, Medical University of South Carolina

Jiang Bian, College of Medicine, University of Florida

Andy SL Tan, Annenberg School for Communication, University of Pennsylvania

Introduction: There is a gap in knowledge on the affective and cognitive mechanisms underlying effects of exposure to health (mis)information on social media. Informed by Lerner and Keltner's Appraisal Tendency Framework, this study aimed to understand how discrete emotional responses and perceived relative harm of e-cigarette use compared with smoking regular cigarettes mediate the effect of (mis)information tweets about the harms of e-cigarettes on Twitter on the intention to purchase e-cigarettes. The Appraisal Tendency Framework provides a nuanced explanation of discrete emotions in shaping perceptions and behavioral outcomes, with each emotion distinctively leading to differential risk perceptions and behavioral consequences. We hypothesized that exposure to (mis)information about e-cigarettes will have an indirect effect on intention to purchase e-cigarettes through perceived relative harm of e-cigarettes (H1), discrete emotions (H2), and through emotions and perceived relative harm in serial (H3).

Methods: We conducted a web-based experiment among 2400 adult smokers in the US and UK aged 18 and older who reported current cigarette smoking but not current vaping in the past 30 days enrolled from an online survey panel. Participants were randomly assigned to view four tweets within each of the conditions: 1) E-cigarettes are just as or more harmful than smoking, 2) E-cigarettes are completely harmless, 3) Evidence of e-cigarette harms are uncertain, or 4) Control (physical activity). They completed baseline and post-test measures of intention to purchase e-cigarettes and perceived relative harm of e-cigarettes versus smoking. After viewing all four tweets, they reported whether the messages elicited specific emotions (Scared/Hopeful/Worried/Happy/Angry/Relieved). We fitted mediation models using structural equation modeling and bootstrap procedures to assess the indirect effects of exposure to tweets through perceived relative harm of e-cigarettes, six discrete emotions (scared, worried, angry, hopeful, happy, and relieved), and through each emotion and perceived relative harm in serial. We obtained the indirect effect coefficients and bias-corrected confidence intervals to assess whether each indirect effect was statistically significant (i.e., the confidence interval did not include zero).

Results: The results partially support hypotheses that exposure to (mis)information tweets about harms of e-cigarettes influence intention to purchase e-cigarettes compared with control tweets through perceived relative harm (2 of 3 indirect effects were significant) (H1), discrete emotional responses (8 of 18 indirect effects were significant) (H2), and serially through emotional responses and perceived relative harm (9 of 18 indirect effects were significant) (H3). Specifically, participants who viewed tweets that e-cigarettes were just as or more harmful than smoking had lower intention to purchase e-cigarettes versus the control condition through perceived relative harm; being worried, hopeful, and happy; and serially through being sad, angry, and hopeful and perceived relative harm.

Conclusions: Discrete emotional responses and perceived relative harm mediate the effects of brief exposure to health (mis)information of e-cigarette harms on Twitter on adult smokers' intention to purchase e-cigarettes in multiple and complex ways. These findings contribute to theorizing the mechanisms of how health (mis)information influence behavioral intention and future interventions to address the effects of exposure to health (mis)information on social media.

Engagement with a Social Media Campaign for Mothers to Reduce Permissiveness for Indoor Tanning by Teens in a Randomized Trial

David Buller, Klein Buendel, Inc.
Sherry Pagoto, University of Connecticut
Kimberly Henry, Colorado State University
Katie Baker, East Tennessee State University
Barbara Walkosz, Klein Buendel, Inc.
Joel Hillhouse, East Tennessee State University
Julia Berteletti, Klein Buendel, Inc.
Jessica Bibeau, University of Connecticut
Xia Liu, Klein Buendel, Inc.

Indoor tanning (IT) by adolescents increases lifetime risk of developing melanoma. A social media campaign was conducted intended to reduce mothers' permissiveness for IT; several states require parents to consent or accompany minor children using IT facilities. Engagement of mothers with the social media campaign was examined to see if it modified campaign effects on mothers' permissiveness for their teen daughters to indoor tan. Mothers (N=869) with daughters aged 14-17 were recruited in 34 states that do not ban IT by minors under 18 for a randomized trial with follow-up at 12-month and 18-month post-randomization. Mothers received an adolescent health social media campaign in Facebook private groups. Half of mothers were in a group in which the campaign included posts about preventing IT (intervention) and the other half, included posts on preventing prescription drug misuse (control). Engagement was measured by extracting reactions (e.g., like, sad, etc.) and comments posted by mothers to the campaign posts addressing IT or prescription drug misuse. Follow-up surveys assessed mothers' permissiveness for daughters to indoor tan, i.e., whether mothers would permit daughters to indoor tan or facilitate them doing so (e.g., take them to a tanning facility). Daughters (n=469; 54.0%) were invited to complete baseline and follow-up assessments. Mothers were mostly non-Hispanic white (82.4%), college educated (57.8%), and had household incomes exceeding US\$80,000 (51.1%); 29.1% had a family history of skin cancer; and 26.5% had high-risk skin types. At 12-month and 18-month follow-up, engagement with the social media campaign moderated the impact of treatment group on mothers' permitting (12 months: 2-way interaction estimate=-0.39, 95% confidence interval [CI]=-0.65, -0.12; 18 months: 2-way interaction estimate=-0.32, 95% CI=-0.58, -0.07) and facilitating IT by daughters (12 months: 2-way interaction estimate=-0.29, 95% CI=-0.51, -0.07; 18 months: 2-way interaction estimate=-0.31, 95% CI=-0.55, -0.07). Specifically, among mothers who engaged with the campaign, mothers in the intervention group had lower permissiveness for IT (12 months: intervention mean [I]=1.50, control mean [C]=1.82, estimate=-0.39, 95% CI=-0.60, -0.18; 18 months: I=1.58, C=1.96, estimate=-0.37, 95% CI=-0.56, -0.18) and less facilitation of IT (12 months: I=1.33, C=1.59, estimate=0.00, 95% CI=-0.38, -0.05; 18 months: I=1.40, C=1.69, estimate=-0.30, 95% CI=-0.49, -0.12) by their daughters than in the control group. These differences did not occur between treatment groups among mothers with no engagement for either permissiveness (12 months: I=1.82, C=1.87, estimate=0.00, 95% CI=-0.18, 0.17; 18 months: I=1.91, C=2.00, estimate=-0.05, 95% CI=-0.23, 0.13) or facilitation (12 months: I=1.62, C=1.58, estimate=0.07, 95% CI=-0.09, 0.22; 18 months: I=1.64, C=1.71, estimate=0.01, 95% CI=-0.16, 0.17) at either follow-up. Social media campaigns may be used to improve IT public policies by decreasing mothers' permissiveness and increasing communication with daughters about avoiding IT. However, social media messages need to reach and engage mothers to be effective, in this case on convincing mothers to not permit or facilitate daughters' request to indoor tan. Prevention messages, when interspersed in a social media feed on adolescent health, may reduce IT by female adolescents by improving compliance with public policies restricting minors' access to IT facilities.

Engaging the capacity of local comadronas in rural Guatemala: A tool for HIV prevention and maternal health

Victoria Orrego Dunleavy, University of Miami

Background. Guatemala has the third highest rate of maternal mortality in Latin America, and indigenous Mayan women account for 71% of these deaths.¹ In Guatemala, new HIV infections have increased 167% since 2010, and only 19% of pregnant women living with HIV are accessing ART². Approximately 1 in 5 cases of HIV infections are Mayan². Mayan women are particularly vulnerable to HIV due to husband/partner migration status and traditional masculinity roles³. An important distinction between indigenous and nonindigenous women in Guatemala is the widespread use of comadronas (traditional Mayan birth attendants) for prenatal and homebirth assistance. The extensive use of comadronas for maternal health services is tied to local cultural norms, and Guatemalan health authorities have recognized this.⁴ Present HIV prevention services are limited among Mayans and do not include HIV testing.

Dr. Orrego's research in Santiago Atitlan suggest that SEPA (Salud/Health, Educación/Education, Prevención/Prevention, and Autocuidado/Self-Care), an evidence-based intervention program that has been effective in reducing HIV risk behaviors among Hispanic women^{5,6}, addresses the socio-cultural factors that perpetuate HIV risk among indigenous Mayan women^{7,8,9}. This study establishes a foundation for expanding the role of the comadronas to include HIV prevention in Santiago Atitlán, Guatemala, thereby providing a strategy to enhance reproductive wellbeing. We propose the following Aims: 1) To culturally adapt SEPA content to the Guatemalan Mayan context and 2) To examine the feasibility and acceptability of the integration of SEPA into current comadrona training, including an HIV testing component.

Method. Aim 1: Qualitative in-depth interviews with 26 men and 25 women provided sociocultural information on gender inequality, partner communication, condom use and HIV testing promotion that was integrated into a tailored version of SEPA.

Aim 2 – To determine potential acceptability and feasibility of SEPA and HIV testing within existing comadrona training, SEPA content and activities were reviewed and evaluated by comadronas. We conducted three focus groups at the school of POWHER and three at the Centro de Salud. Each focus group covered evaluation of one SEPA module a day (there are 3 modules) for a total of six focus groups across both sites.

Results & Conclusions: Our risk profile (AIM 1) demonstrated high-risk behaviors such as concurrent partners, low condom efficacy and use, low levels of HIV knowledge, low testing uptake, and low levels of partner communication. A tailored handbook and slides of SEPA-GUATE were created for use in comadrona training. All content reflects the local risk and cultural context of the Mayan indigenous. Regarding AIM 2, both cohorts of comadronas reported high levels of acceptability, feasibility and comprehension. Therefore, incorporating SEPA as part of comadrona training provides a comprehensive and culturally appropriate platform from which to impart HIV prevention information. Worldwide, the integration of family planning with a community-based maternal and newborn care program significantly increased contraceptive use and reduced rapid, repeat pregnancies; helping to achieve birth intervals of at least twenty-four months¹⁰. Adaptation, acceptance, and implementation of SEPA to Santiago Atitlán, could have a profound impact on the health and well-being of rural women.

Evaluating environmental health science kits in promoting Environmental Health Literacy

Caitlin Fallone, University of Rochester Medical Center
Dina Markowitz, University of Rochester Medical Center
Katrina Korfmacher, University of Rochester Medical Center

Environmental Health Literacy (EHL) is the capacity of an individual to understand that there are factors in the environment that can affect health. EHL encourages behavior change to reduce harmful environmental exposures. EHL scholars are working to develop conceptual frameworks and metrics to measure EHL and to evaluate community engagement in EHL activities. Our group from the University of Rochester's Environmental Health Sciences Center conducted a research project to understand and use these new EHL conceptual frameworks, develop metrics appropriate for EHL activities, and lay the foundation for future scholarship in the field of EHL. This project involved developing and piloting tools to assess the EHL impacts of Science Take-Out Community Environmental Health (CEH) kits.

Previously, our group developed hands-on CEH kits that provide an engaging way for the general public to learn about topics in environmental health science. We created eight different CEH kits on topics including lead poisoning, healthy homes, water quality, household pesticides, breast cancer, and skin cancer. The CEH kits were developed for low literacy audiences, and contain limited text and engaging graphics. The kits' real-life scenarios and hands-on activities encourage participants to think about and discuss their lived experiences.

Our current research project expanded on our previous work in order to develop and pilot test assessment tools to evaluate the learning outcomes of the CEH kits. Our key question was whether and how the CEH kits increase environmental health literacy (EHL) compared with "traditional" outreach approaches like unidirectional (PowerPoint) presentations. Our project followed these aims:

1. We developed assessment tools (pre- and post-test surveys) for one CEH kit, Skin Cancer and Sun Safety, to evaluate the impact of the kit on EHL.
2. We developed a "traditional" (PowerPoint) presentation that conveyed the same educational information as the Skin Cancer and Sun Safety kit which.
3. We conducted community workshops with 192 participants: half using only the CEH kits and half using the "traditional" presentation. We used the assessment tools to compare the impact of the CEH kits versus the "traditional" presentation on EHL.

Our research project focused on understanding how these CEH kits inform health communication and encourage health equity for all groups. Participants who used the hands-on CEH kits were more engaged than those who just listened to the PowerPoint presentation, which helped them to better understand how ultraviolet radiation causes skin cancer and what preventive measures that can take to keep healthy. Individuals who utilized the kits also showed a slight increase in perceived behavior change to reduce the risk of skin cancer.

This research project laid the foundation for future research to assess the potential of hands-on, interactive experiences as a tool for promoting EHL.

Evaluating First Year Interns' Use of a Telephone Interpretation System During OSCEs

Taylor Vasquez, University of Florida
Easton Wollney, University of Florida
Lynne Meyer, University of Florida
Julia Close, University of Florida
Merry Jennifer Markham, University of Florida
Lou Ann Cooper, University of Florida
Carolyn Stalvey, University of Florida
Carma L. Bylund, University of Florida

Background: As part of their training at our institution, first year interns are required to participate in an Objective Structured Clinical Exam (OSCE) during the week prior to their program start date (OSCE 1) and again towards the end of the intern year (OSCE 2). This study analyzed the OSCE 2, particularly with an evaluation station that involved the interns speaking to a standardized patient (SP) using an interpreter.

The OSCEs are a multi-station clinical skills assessment using SPs (actors) to assess clinical skills. The standardized patients grade the interns' performance using grading rubrics. The stations are video recorded for quality assurance purposes. The results of the OSCE are formative and allow interns and their program directors to see clinical skills areas that need improvement.

Objective: The purpose of this study is to examine the communication between a medical resident and standardized patient who are using interpretation resources in the context of clinical examinations involving discharging a patient the hospital. Furthermore, we aimed to assess the ability of the resident to use interpretation resources with a patient who does not speak English.

Methods: Ninety-three recorded Objective Structured Clinical Examinations (OSCEs) videos originally recorded in March 2019, each approximately 14 minutes long, were independently coded by two communication doctoral students. Twenty eight percent of the videos were coded together before establishing intercoder reliability (Cohen's Kappa= .83), and the rest of the videos were coded independently by the two coders. The codebook used to complete the content analysis was adapted from the standardized patient (SP) evaluation form used in the live, in-person interactions with the interns as part of an initial benchmarking assessment of interns' clinical competencies.

Results: Eighty-three percent of interns (n = 75) correctly identified the cues the SP did not speak English and used the interpretation service. Only four percent had technical difficulties. Most (74.7%) interns addressed the patient directly and not the interpreter by using pronouns such as "you" and not "her" or "the patient" during the interaction. Interns scored highly on criteria to evaluate empathic communication using SP cues, such as addressing the patient by name (81.3%), using consistent eye contact with the patient (82.7%), and avoiding medical jargon (84%). However, interns mostly did not summarize the discussion (14.5%) nor check understanding by ask the patient to repeat back pertinent information (25.3%). Almost all interns expressed appropriate levels of understanding for the SPs' emotions (92%) and 97% showed average or above average. By the conference we will present the full results for all 93 recorded OSCEs. Further, we will present an analysis of the difference between the outside observers' codes and how the SPs who participated in the OSCEs rated the interns.

Conclusion: Most interns effectively used the interpretation service during the OSCEs, although there continues to be room for growth in communication skills when interacting with the SP, such as summarizing discussions and checking patient understanding.

Evaluative Assessment of CDC's Bring Your Brave Breast Cancer Campaign

Josephine K. Boumis, University of South Florida

Health campaigns are often created in order to increase awareness, prevention, or involvement. Approximately one in eight women will be diagnosed with breast cancer throughout their lifetime, making it the most common form of cancer in women in the United States (Breastcancer.org, 2018). In 2015, the Bring Your Brave campaign was created by the Centers for Disease Control and Prevention (CDC) in an attempt to raise breast cancer awareness to young women who are at a higher risk for developing breast cancer (Theiss et al., 2016).

Various forms of persuasion are often implemented in health campaigns in order to accomplish their goal of extending knowledge or alternating behavior. These theoretical bases also permit a standard of comparison when evaluating the content and implementation of a campaign. One theoretical framework is the Health Belief Model (HBM), which focuses on the beliefs and attitudes of individuals to predict and explain health behaviors (Rosenstock, 1974). Another model, the Extended Parallel Process Model (EPPM), examines how fear appeals lead to the rejection or acceptance of message recommendations (Witte, 1992). These models can provide insights into the successes of campaigns.

An overview of the Bring Your Brave campaign will be summarized, followed with a description of persuasive techniques used to develop and execute the campaign. Examining the HBM and the EPPM will provide insights to theoretical foundations for the creation of the campaign, and will serve an analytical component to determine the overall quality and predictive success of the campaign. An evaluation of the campaign by the developers and public will be discussed, leading to proposed areas of improvement.

Bring Your Brave developed message content that can be theoretically traced to the HBM and the EPPM. These models suggest that viewers will accept the message and action recommendation of the campaign due to how Bring Your Brave increases concepts such as perceived threat and perceived efficacy (Glanz et al., 2008; Witte, 1992). In addition to the models, preliminary engagement analytics exemplified the success of the implementation and spread of the media posts (Fairley, 2016; Theiss et al., 2016). However, there is some support for the notation of improvement with the slogan to move away from a war metaphor (James, 2015).

Evaluating this campaign adds to the current knowledge of how health campaigns can be effective in disseminating their message and persuading viewers to accept the recommended action. Bring Your Brave exemplifies how the use of theoretical underpinnings can be beneficial to the creation of a message and its' predicted success. Young women need to be exposed to materials with information regarding risk factors for breast cancer and future actions that are possible to take, and Bring Your Brave has become a central campaign in reaching and informing these women. The framework of the HBM and EPPM exemplify that Bring Your Brave created successful messages that were implemented effectively as seen in the engagement interaction.

Examining Gain- and Loss-Framed Messages in a Novel Breast Cancer Screening/Cardiovascular Context: Does Framing Matter?

Katharine J. Head, Indiana University-Purdue University Indianapolis

Nancy Grant Harrington, University of Kentucky

Julie B. Schnur, Icahn School of Medicine at Mount Sinai

Guy H. Montgomery, Icahn School of Medicine at Mount Sinai

Message framing literature suggests that gain-framed messages are more persuasive for prevention behaviors (e.g., vaccination) and loss-framed messages are more persuasive for detection behaviors (e.g., HIV screening). Several meta-analyses, however, have not borne this generalization out. Moreover, the generalization ignores health behavior that is both prevention and detection focused. Recent medical literature has indicated that radiologists can use standard digital mammography to screen not only for breast cancer but also for breast arterial calcification (BAC). BAC is associated with an increased risk for coronary artery disease; therefore, it represents both detection (BAC screening) and prevention (heart health promotion) behaviors and presents an opportunity to extend message framing research to this unique “mixed-behavior” context. To our knowledge, no work has addressed the use of message framing in such a context.

Our group hypothesized that communicating BAC results in the context of a mammogram results letter could motivate women to follow up with a medical provider regarding cardiovascular health and/or to make heart healthy lifestyle changes. To prepare for a larger scale trial, we conducted a pilot study presenting women with hypothetical BAC results using gain/loss framing or control messages. We worked with the survey panel company Dynata to recruit women living in the U.S. who were over age 40 and had no history of heart disease (N=226). Participants completed an online Qualtrics survey and were randomly assigned to condition. The messages mimicked a mammogram results letter with added BAC information and recommendations for follow up. The control condition simply stated evidence of BAC was found and recommended follow-up with a healthcare provider. Three gain-framed messages added benefits to following up on the BAC findings, whereas three loss-framed messages added potential negative consequences of not following up on BAC findings. We then assessed knowledge, comprehension, perceived message effectiveness (PME), and behavioral intentions to attend a follow-up cardiovascular care appointment and change health behaviors to improve cardiovascular health.

The majority of participants were white, had some college education, and more than 90% had had a mammogram. Post-test measures indicated no significant differences across knowledge [$F(6,220)=1.11$, $p<.36$], comprehension [mammography results $\text{Chi-Square}=5.56$, $p<.47$; follow-up appointment $\text{Chi-Square}=3.00$, $p<.81$], PME [$F(6,217)=0.48$, $p<.83$], intention to follow up with a healthcare provider in the next 6 months [$F(6,220)=0.28$, $p<.95$], or intention to change health behaviors to improve cardiovascular health [$F(6,219)=1.12$, $p<.36$].

Despite no significant differences across message conditions, study results showed that participants scored relatively high on all these measures, supporting the idea that mammogram letters may be an effective way to communicate BAC status to women and could motivate women to follow up with a provider and/or engage in heart healthy behaviors. However, results also suggest that gain or loss framing may not be an effective or necessary design strategy in a mixed prevention-detection context. Future work should explore if a mixed-framing design (incorporating both gain- and loss- framed messages) may be appropriate for a mixed-behavior context.

Experiences and Perceptions of CoVID-19 Survivors

Vickye Hayter, AAMFT, ANA

Background: The CoVID-19 pandemic has wreaked havoc globally with many countries still in crisis mode. While the death toll continues to rise, CoVID-19 survivors are in a category of their own trying to figure out what has and continues to happen with their health and well-being as a result of the virus. Many survivors have joined online support groups on Facebook and other web-based groups to find answers and support for their unique experiences.

Objective: This study examined personal narratives from a public website featuring CoVID-19 Survivors. A total of 66 narratives were assessed for experiences and perceptions, particularly related to health communication and health behaviors influenced by perceived susceptibility, severity, and barriers.

Method: An exploratory content analysis was performed using inductive coding to develop subcategories and major categories. Keywords relative to each category were analyzed for frequency of the concept to confirm emerging themes about survivor's experience of the virus and perceptions of health risk in terms of susceptibility, severity, and barriers. Cross tabulations were used to determine frequency of concepts for categories and compare theme-related groups.

Results: Analysis from narratives dated from March 2020 to September 2020 revealed that survivors' most salient experiences were about CoVID-19 related testing, hospital/healthcare, spirituality and coping, social support, emotions/mental health, health information, and symptoms during and post-CoVID. Latent coding revealed themes related to traumatic experiences of being near death which prompted end of life planning; positive and negative social support experiences, namely stigma and backlash; and positive action and meaning making through spirituality. Findings indicate that more than half (53%) of Survivors' described "near death" experiences; 38% reported a pre-existing condition; 18% said they were hospitalized; 38% reported persistent symptoms such as fatigue, foggy brain, and loss of taste and smell. In terms of health communication and perceived susceptibility, 38% of the narratives contained words related to misinformation; and 33% did not think that they would contract the virus.

Conclusions: These results have implications for healthcare organizations, media outlets, health professionals, government agencies, researchers, and the general public. Learning from survivors' experiences present a timely and valuable opportunity to improve health outcomes now and in future crisis. Findings from this study highlight the complex nature of CoVID-19 survivors' experiences, as well as associated barriers that may contribute to poor health outcomes, especially for vulnerable populations. Understanding these experiences highlight the need for better access to mental health services, ongoing clinical support for survivors, health crisis communication training, and future research. Examining the efficacy of online support groups for coping with mental health disorders and the role of health communication during crises so that strategies can be developed to improve the public's perception of health risk susceptibility and severity warrant further study.

Exploring Disparities by Educational Attainment in COVID-19 Information Acquisition, Avoidance, and Overload in a Chilean Sample

**Macarena Pena-y-Lillo, Universidad Diego Portales
Cecilia Prieto, University of Edinburgh**

Coronavirus disease (COVID-19) and its pandemic consequences have unveiled severe health inequalities. During 2020, more than 1.3 million people have died globally because of COVID-19 (WHO, 2020). However, deaths distribution is unequal. People from disadvantage social backgrounds have more underlying chronic conditions, which made them more vulnerable to COVID-19, and the adoption of preventive behaviors is related to socioeconomic conditions. Communication inequalities posits that disparities in health behaviors and outcomes can be, to some extent, attributable to differences between the more and the less advantaged segments in their access, use, and ability to act on the health information received. In this paper we explore disparities by educational attainment in information seeking, scanning, avoidance, and overload in the context of the COVID-19 pandemic.

Methods: A survey combining online (N = 1,891) and telephone (N = 1,701) data collection was conducted between September and November 2020 among individuals 18 and older living in Chile. Field work was done by a local firm specialized in public opinion research, who used databases of emails and telephone numbers to recruit participants. The questionnaire included items to measure information seeking (yes/no), scanning (yes/no), information avoidance (scale 1 – 4), and information overload (scale 1 – 4). Participants were asked about their highest educational level with 10 categories from no education to postgraduate education. For the purpose of this analysis three categories were created: high school education or less (N = 1,118), less than college education (N = 1,012), college education or more (N = 1,386).

Results: COVID-19 information scanning was high in the overall sample (85.0%), while seeking was less prevalent (38.4%). The more educated segments reported higher levels of COVID-19 information scanning (89.1%), compared to individuals with less than a college degree (87.0%); and those with a high school degree or less (78.2%), $\chi^2(4) = 65.5, p < .001$. Similarly, seeking was more prevalent in the more educated segment (56.5%) than in the segments with less than college education (35.2%) and with high school education or less (29.0%), $\chi^2(4) = 76.2, p < .001$

Conversely, low educational attainment was associated with higher levels of information avoidance and information overload. Participants with a high school degree or less (low educational attainment) had the greatest levels of information avoidance and overload (M = 2.33, SE = .03 for avoidance; M = 2.54, SE = .03 for overload) compared with the group of with more than high school and less than college education (M = 2.07, SE = .03 for avoidance; M = 2.26, SE = .03 for overload), and the group with college education or more (M = 1.93, SE = .02 for avoidance; M = 2.13, SE = .02 for overload).

Discussion: This study's results underscores the existence of communication inequalities in the context of the COVID-19 pandemic in Chile, which might hinder low educational attainment for individuals to obtain quality information to prevent infection and the spread of the virus in their communities.

Exploring Social Support in Online Discussion Forums for Pregnant Women during Global Pandemic: A Comparative Study between China

Zehui Dai, Radford University
Dinah Tetteh, Arkansas State University
Grace Hurst, Radford University

COVID-19 spread nationwide in China, in early 2020 and later became a global pandemic. With such a rapid changing context what pregnant women might face during pregnancy may lead to unimaginable challenges and questions. Pregnant women are often among the most vulnerable groups during public health outbreaks. Therefore, they are required to exercise extra caution to prevent their infection along with other people with a weak immune system (Qiao, 2020; Rasmussen et al., 2020). In addition to the physical health implication for pregnant women, pregnancy in and of itself is characterized by physiological, hormonal, and familiar changes that can lead to a decline in women's mental health (Dunkel Scheter & Tanner, 2012; Guardino & Dunkel Schetter, 2014). In fact, there is a high level of pregnancy-related fears and uncertainties driven by the infectious disease pandemic (Moyer et al., 2020).

Researchers have found that seeking and receiving social support can help women to cope more effectively with health-related issues, such as pregnancy, childbirth, miscarriage, and others. Drawing from the literature on social support, this study analyzes how Chinese and Ghanaian pregnant women seek and provide support on Douban (China-based social media) and Facebook (Ghana-based Facebook group) in the Covid-19 times. From an intercultural comparative analysis, this study examines how pregnant women in China and Ghana communicate supportive messages on different digital platforms as well as analyze how pregnant women construct digital supportive communities in different socioeconomic contexts. By doing so, this study calls for better "care" of supportive communication in online discussion groups from a women-centered perspective.

The comparative analysis follows the "different systems" design (Przeworski & Teune, 1970). The authors look for similarities and differences in the supportive message discourse across different digital platforms. Moreover, the authors use qualitative thematic analysis to study online supportive messages discourses. Making the methodology systematic was especially important for this study as it aimed to compare the discursive texts of women's supportive communication from China and Ghana. The account of how pregnant women communicate social support on different social media platforms in these nations is thus quite nuanced and meaningful.

The qualitative thematic analysis identified pregnant women shared a similar concern in two nations. Many pregnant women were reluctant to visit their doctors due to the feeling of unprepared for birth and fears of acquiring infection in the hospital. Some Chinese and Ghanaian pregnant women narrated their doctors' visits by sharing their embodied experience respectively, which provided informational (medical related) and emotional support. Moreover, pregnant women in two nations provided different strategies to cope with emotional distress that was associated with quarantine or isolation.

Exploring the effect of social media use on Chinese international students' perceptions of the flu shot on U.S. college campuses

Huixin Deng, University of Miami
Michelle Seelig, University of Miami

Background: Social media are Internet-based platforms that can reach large audiences and propagate information rapidly (Puri et al., 2020). Vaccine-related content is widely available on social media and influences people's health decision-making. Previous research found that people who use Twitter or Facebook as sources of health information were more likely to receive flu shots than non-Twitter or non-Facebook users (Ahmed et al., 2018). On the other hand, the use of social media can create an information bubble (e.g., only reading news or information that one already believes) that poses challenges for public health announcements and physician recommendations (Chan et al., 2020, p. 6237). Furthermore, misinformation and disinformation of vaccine-related news abound on social media (Igoe, 2019), which creates an "infodemic" that undermines the public health response and advances alternative agendas of groups or individuals.

Studying the relationship between social media use and perceptions of vaccines is thus imperative because this kind of research not only helps promote healthy behaviors, but also helps mitigate the harm from misinformation and disinformation, particularly among vulnerable populations, such as the international students on U.S. college campuses (Adegboyega et al., 2020; Ellis-Bosold, 2013). In this study, we conducted a cross-sectional survey (N = 204) in March 2020 at a southeastern university in the U.S. We aimed to provide digital health strategies to overcome vaccine misinformation and disinformation on social media targeting this population. Drawing on Ahmed et al. (2018)'s research on social media and health, the results of our study provide theoretical contributions as well as practical implications for leveraging social media platforms, promoting health information accuracy, and improving health campaign effectiveness among Chinese international students on U.S. college campuses. The results also provide future directions for COVID-19 vaccine-related research.

Measures: Participants' use of ten popular Chinese social media platforms (WeChat, Weibo, Douban, Tencent QQ, Zhihu, TikTok, RED, Bilibili, Oasis, Baidu Tieba) was measured. Their health beliefs and perceptions of the flu shot-related news on social media were also measured. ANOVA and correlation analyses were conducted to examine the relationships among variables.

Results: 1. The participants used Weibo the most, followed by WeChat, Douban, Oasis, TikTok, Bilibili, Zhihu, RED, Tencent QQ, and Baidu Tieba.

2. Baidu Tieba had a significant effect on perceived benefits of the flu shot. WeChat had a significant effect on perceived susceptibility of the flu shot. Bilibili had a significant effect on perceived barriers and perceived severity of the flu shot.

3. The more frequently one used Bilibili, the more one would consider social media a reliable source for flu shot information. The more frequently one used Baidu Tieba, the more concerns one would have regarding the side effects of the flu shot. The more frequently one used Douban, the less one's vaccination intention would be influenced by social media. The more frequently one used Bilibili or Baidu Tieba, the more one's vaccination intention would be influenced by social media. The more frequently one used Zhihu, RED, or Bilibili, the more one believed there was misinformation and disinformation about the flu shot on social media.

Exploring the effects of multiple-categorization and race cues in stories about mental illness

Maria Leonora Comello, UNC Chapel Hill
Sophie To, UNC Chapel Hill
Parul Jain, Ohio University
Mrittika Sen, Independent Scholar

Background: Stereotypes of people in marginalized groups can lead to worse health for people in those groups (Geronimus et al., 2016). A promising approach to countering simplistic categorization is depicting members of those groups in more complex ways, which has been shown to increase perceptions of members as unique individuals and support of policies that would reduce inequities (Prati et al., 2016). We explore how media may encourage more complex categorization in the context of mental illness, which remains a stigmatized condition. This study asks whether multiple (vs. simple) categorization of someone with mental illness in a story will affect attitudes and support of policies related to mental health.

We also ask whether the race of the person depicted in content may interact with a multiple-categorization strategy. Although experts have called for more work to disentangle the role of race in public perceptions of mental illness and policy support, little research has been done. Thus, we also ask whether the effect of multiple categorization will depend on the race of the person with mental illness depicted in the media content.

Method: We report the results of an in-progress study, with preliminary pilot-test results (n=70) reported here, and main-experiment results (planned n=630) if accepted. The design is a 2 (categorization: multiple, simple) x 3 (race of person depicted: Black, Asian, White) between-subjects post-test-only design, with random assignment to the 6 conditions plus a no-exposure control. In the 6 exposure conditions, participants see a vignette about a person's experience with a serious mental illness developed in consultation with an expert panel. The vignettes vary in having multiple-identity cues present or not (per Prati et al., 2016), and in terms of the character's race (Black, Asian, White). Key outcomes include individuation, perspective-taking, social distance, and policy support. The pilot aims to ensure that vignettes are comparable in terms of style/readability to help rule out potential confounds, and to determine manipulation strength.

Pilot-test results: Demographics on 70 pilot-test respondents: mean age=31.3 years, 51% female/feminine, and 84% had attended/completed college. Assessments of stimuli as believable, interesting, and easy-to-read did not differ between multiple vs. simple groups, indicating basic comparability. On initial inspection, means of key outcomes such as individuation did not differ between these groups, indicating the need to revisit the multiple-categorization manipulation. When comparing exposure vs. no-exposure groups, differences emerged in terms of policy support, with no-exposure participants showing higher support for expanding some services (ps .02-.04). Main effect for character race (as well as interaction with categorization) are to be explored.

Discussion: This study answers calls for more research to destigmatize mental illness via communication strategies. Pilot-test results suggest that stimuli are comparable in basic features but need strengthening given lack of impact of multiple-categorization cues on policy support and associated variables. Results also show that highlighting serious mental-health experiences may lower policy support, similar to other work (McGinty et al., 2017). As we refine our approach, we hope to yield insights on what does (and does not) destigmatize.

Feasibility of a Computer Role-Playing Game to Teach Empathy to Nursing Students: The Role of Immersiveness and Perspective

Zexin "Marsha" Ma, Oakland University
Kuo-Ting (Tim) Huang, Ball State University
Lan Yao, Oakland University

BACKGROUND. A challenge faced by healthcare professionals is to communicate bad news in situations where empathy communication skills are required. Empathy is to pay attention to extending oneself and identifying a person as a human being with the same needs and deserving the same respect. A review of studies of educational interventions for undergraduate nursing students found that immersive and experiential simulations, such as role-plays and scenario-based simulations, were the most effective at improving empathy. This study aims to investigate the feasibility of using a scenario-based computer role-playing game (CRPG) to teach empathy among nursing students. Specifically, we examined two features relevant to immersive and experiential experiences—level of immersiveness and perspective-taking with different characters—to improve empathy.

METHOD. We conducted a 2 (Immersiveness: VR vs. non-VR) \times 2 (Perspective: patient's family vs. healthcare providers) between-subjects design experiment with 69 nursing students. We used *That Dragon, Cancer*—a narrative-focused videogame—as our experimental stimulus. Participants played the seventh chapter of the game, *I'm Sorry Guys, It's Not Good*, which portrayed a pivotal moment when healthcare providers informed Joel's parents that Joel's cancer was terminal. Designed in a point-and-click adventure style, participants could use the controller to navigate the game and experience the scene from four different perspectives (i.e., dad, mom, doctor, and nurse). They could hear the selected character's inner thoughts and could also look around the immersive environment freely. The entire length of play was about 10 minutes. Participants in the VR conditions played the game with Oculus Go VR headsets, and those in the non-VR conditions played the same episode with Dell laptops and iPads. Key outcome variables included spatial presence and empathy.

RESULTS. We found that playing a CRPG in VR (vs. non-VR) effectively enhanced most of the spatial presence experiences and empathy. Additionally, playing the game from the healthcare provider's (vs. patient's family's) perspective led to greater empathy among nursing students. This result is consistent with prediction rooted in social cognitive theory, suggesting that vicarious experience—seeing a fictional healthcare provider delivering bad news to cancer patients with empathy—helps improve nursing students' empathy. Immersiveness and perspective also interacted to influence empathy. When playing from the patient's family's perspective, VR led to greater empathy than non-VR. By contrast, when playing from the healthcare provider's perspective, VR did not differ from non-VR. These findings suggest that although assuming the patient's family's (vs. healthcare provider's) perspective led to less empathy overall, VR could enhance empathy for those who took the patient's family's perspective. Lastly, we found that only attention allocation significantly mediated the effect of immersiveness on empathy in the patient's family's perspective, suggesting that certain dimension of spatial presence (i.e. attention allocation) might matter more than others for empathy training with immersive scenario-based simulations.

CONCLUSION. Our study indicates that using a CRPG seems to be a feasible approach to teaching empathy. We recommend nursing educators to incorporate VR in empathy training. If VR is not available, a CRPG should be experienced through the perspective of healthcare providers due to the similarity of the

"Finally, another guy who has been through what I'm going through": Stigma and eating disorders in men

Ekaterina Malova, University of Miami

Eating disorders (ED) in men are surrounded by stigma and gender stereotypes, with a common misconception among the lay public that ED are an exclusively female condition (Mond et al., 2014). Conversely, research shows that from 1999 to 2009, the number of men hospitalized for an ED-related cause increased by 53% (Zhao & Encinosa, 2006). While the mortality in males with ED is high (Quadflieg et al., 2019), there is still a major discrepancy between the amount of research on ED in males and females. Self-disclosure can be challenging for individuals with stigmatized illnesses (Rains et al., 2014). Hence, online platforms like YouTube become a popular medium of self-disclosure for people suffering from ED, including men who post personal video stories of recovery and recovery in-progress. As an online communication environment, YouTube attracts a broad spectrum of opinions. Research shows that YouTube comments serve different purposes, including emotional support, advice-seeking, and information request (Madden et al., 2013). In this study, we aim to explore public perceptions of ED in men by identifying the types of comments provided on YouTube in response to videos posted online by men with ED.

A video sample was retrieved by searching YouTube with keywords "eating disorder, male, story," with results ordered by number of views. A total number of 829 comments from the first 10 videos were downloaded and examined using qualitative content analysis (Mayring, 2000), which focuses on the text's contextual meaning. The data was coded using NVivo, a software that synchronizes evidence and helps conduct an in-depth qualitative analysis (Welsh, 2002). This study employed an inductive category development approach (Mayring, 2000, p.3) to capture the emerging nature of communication within the YouTube community. Thus, the categories were data-driven.

Four major categories related to public reactions emerged from the data: 1) appreciation and emotional support (e.g., "So inspiring. I'm so proud of you."), 2) relatability (e.g., "I can relate to your story so well it's kinda scary."), 3) barriers to treatment access (e.g., "I just want you guys to know it's really hard to find treatment."), and 4) information requests (e.g., "Did you go through a re-feeding process?"). The only previous study analyzing responses to YouTube testimonies of people with ED (Pereira et al., 2016) showed that most comments were supportive in nature. Our findings advance this knowledge in two ways. First, we refine the dichotomous approach (supportive/unsupportive) by adding a deeper understanding of the comments' nature and defining four reaction categories. Second, our gender-sensitive approach contributes to the body of research on ED in men with recognition of their distinct challenges (Bunnell & Maine, 2014). Lastly, it is important to note that most comments we retrieved from YouTube were reactions from other men with ED. Thus, we conclude that while watching ED testimonies could benefit the lay public with regards to health education and stigma reduction, for men with ED, it is an invaluable assistance with regards to ED information, help-seeking, social support, and self-disclosure.

Flattening the curve of COVID-19 in Lucas County, Ohio: Patient agency evaluated through the lens of Health Literate Care Model

Krys Ingman, Bowling Green State University

“Flattening the curve” has been a nearly omnipresent reminder and task given to every person who lives in a Novel Coronavirus (COVID-19) affected region. As a relatively densely populated county located in Northwest Ohio, Lucas County saw the first death by the pandemic in the state. In addition to the first death by the pandemic, Lucas County has also seen a disproportionate number of both cases and deaths compared to the rest of the state. Three media messages sent to the residents of Lucas County are analyzed in coordination of Burke’s Pentad to question reception of the measures to flatten the curve: one national, one regional, and one local. This paper attempts to analyze the higher incidence of rates in Lucas County with an overall assumption that there is a lower level of attenuation to the pandemic.

Food Allergy Anxiety in Parents and Children: The Influence of News Media

Jennifer J. Bute, IUPUI
Nicole Martins, Indiana University

As many as 15 million Americans have food allergies, including 1 in 13 U.S. children (NASEM, 2017). Research suggests that fear of food allergy fatalities looms large for food-allergic patients and families (Lau et al., 2015; Warren et. al, 2020). Although fatal allergic reactions to food remain relatively rare (Umasunther et al., 2013), such cases tend to draw the attention of mainstream news media. The purpose of the present study was to examine children's and their parents' reactions to news stories involving food allergy fatalities. We surveyed 276 parents of food allergic children aged 2 to 18. Our findings point to the role of news media consumption in driving parents' and children's fear of fatal allergic reactions to food.

Parents rated their own fear as greater than that of their children, despite the fact that children are the population at risk of fatal anaphylaxis in the present study. Thus, our findings link altruistic fear to news viewing, such that stories about fatal allergic reactions to food prompted parents to be fearful of what might happen to their child. Mothers in our sample reported more fear and concern for their child's safety than did fathers, which is consistent with research suggesting that mothers reporter a higher burden from food allergies than fathers do (Cummings et al., 2010).

Parental fear was highly correlated with child fear. Yet parental fear was not the only predictor of children's fear. Consistent with cultivation theory, heavy viewers of television news experienced more fright-related feelings and concern for personal safety than lighter viewers did. Our study contributes to research on fear reactions to the news by examining responses to more commonplace, rather than catastrophic, news coverage, confirming that children can experience fear from exposure to such coverage, especially when their parents discuss it with them.

Our findings also suggest that health care providers in allergy clinics, pediatricians, and family physicians working with food allergic children and their families should discuss the role of news media in prompting fear for both parents and children. Parents should be judicious in attending to such media and in how they discuss news stories about fatal allergic reactions to food with their children, particularly older children. Health care providers can remind families that although such incidents attract the attention of the news media, these incidents are actually quite rare and, as such, should not receive undue attention

Formative research to inform statewide COVID-19 vaccine messaging in West Virginia

Daniel Totzkay, West Virginia University
Julia Daisy Fraustino, West Virginia University
Geah Pressgrove, West Virginia University

As of November 30, 2020, there were more than 13 million confirmed cases of the coronavirus disease 2019 (COVID-19) in the U.S., caused by the pandemic severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (CDC, 2020a). Over 265,000 of these cases resulted in death. In West Virginia, a population at particularly high risk for COVID-19 complications due to high rates of comorbidities and other risk factors (WV DHHR, 2020), nearly 50,000 active cases and 735 deaths were linked to COVID-19 before December.

Accordingly, several COVID-19 vaccines are under development and showing promise. Two vaccines showing high efficacy and safety for protection against the disease were submitted to the U.S. Food and Drug Administration (FDA) for Emergency Use Authorization (EUA) as of November, 2020 (Mahese, 2020a; 2020b). While social science research has studied vaccine uptake in general, it has not addressed public perceptions of medical products given EUA. Understanding reactions to vaccines given EUA is needed, especially as the CDC recommends that public health messaging inform on the authorization process and the safety of vaccines given such authorization (CDC, 2020b).

Perceptions of COVID-19 risk have been consistent predictors of actual and intended precaution behaviors (Nazione, Perrault, & Pace, 2020; Totzkay et al., 2020), including a potential vaccine (Head, Kasting, Sturm, Hartsock, & Zimet, 2020). However, given that hospitalization and death rates continue to rise and candidate vaccines appear viable, the nature of these perceptions in their prediction of COVID-19 vaccination must be established, especially in the context of a high-risk and disparately connected state like West Virginia.

The authors are working with a transdisciplinary collaboration of state and local public health and government officials, along with a marketing team for implementation, to establish a baseline of perceptions and behaviors and identifying promising beliefs that can be targeted in campaign messaging in persuadable segments of the population (Kanler, Gibson, & Hornik, 2017; Lee et al., 2016). Specifically, the current study collects data from a statewide sample of West Virginians (N = 325) through a paid Qualtrics, Inc., online panel. The sample is balanced between counties determined as “rural” and “urbanized” areas by the U.S. Census Bureau (2020), with self-reported gender identity, racial/ethnic identity, education, and income level to match U.S. national representation.

As no consistent measure of vaccine hesitancy is available (Larson, Jarrett, Eckersberger, Smith, & Paterson, 2014), key constructs closely resembling the conceptual basis of hesitancy are employed. Specifically, validated measures from the extended parallel process model (EPPM) (Witte, 1992), health belief model (Champion & Skinner, 2008), the situational theory of problem solving (STOPS) (Chen, Hung-Baesecke, & Kim, 2017) are merged with other insights from health and risk communication literature to conceptualize COVID-19 vaccine hesitancy in communication contexts. Statistical analyses will integrate these validated measures to predict vaccination intentions and COVID-19 precautions.

Insights on consequent beliefs, as well as ongoing campaign planning and implementation/monitoring activities that have been translated from study findings and experiences in working with nonacademic public health and government officials will be shared.

Fostering resilience and resistance: Community based communication as an empowerment strategy among commercial female sex workers

Satarupa Dasgupta, Ramapo College of New Jersey

Introduction: The current paper explores the use of community-based communication as a transformative strategy for engendering resistance and empowerment among commercial female sex workers in a red-light district in India. It analyses how community mobilization through peer outreach education, stakeholder negotiation, and multiple level capacity building can empower severely marginalized and high-risk groups like commercial sex workers.

Communication among disenfranchised individuals within a community can be an effective mechanism for questioning and subverting institutionalized authoritarian structures. Community-based communication in the form of community mobilization can generate unhindered dialogue and active social engagement, especially among marginalized populations. The element of participation in the community mobilization framework is noted to generate a discourse that bases itself on the aspirations of the people. In HIV and sexually transmitted infection (STI) intervention research, generation of participation through community mobilization can lead to a higher degree of social commitment towards positive health behavior among marginalized and high-risk groups.

Methodology: Semi-structured interviews and participant observation were used for this project. The researcher spent two months in Sonagachi, a red-light district in Kolkata, India and one of the biggest red light district in South Asia. Project documentation including research papers, internal project reports, unpublished manuscripts provided by the sex workers' union in Sonagachi and best practice synopsis that have been published by DMSC were also reviewed. A total of 37 interviews of commercial female sex workers were obtained.

Discussion: Community mobilization was one of the primary strategies implemented in the Sonagachi Project. Peer education and outreach among sex workers was one of the initial strategies of community mobilization. Peer outreach was primarily geared towards addressing health issues such as imparting HIV/ STI information, distributing free condoms and disseminating safe sex awareness. But later peer outreach involved community development, implementing intervention approaches to address structural barriers to sex workers' health and empowerment, and strategizing to resolve crises and disempowerment faced by sex workers. Community intervention in the Sonagachi Project also involved a focus on the interdependencies between the sex workers and the local actors of the red-light district. The interdependent dynamics include the process of identification of and interaction with stakeholders within the sex work industry. The stakeholders included individuals both within and outside the realm of sex work such as landowners of sex workers, pimps, clients, law enforcement agencies and members of political parties. Ensuring economic empowerment of the sex workers by forming a co-operative banking society was one of the major steps of community mobilization at Sonagachi.

The implementation of community mobilization framework to ensure genuine community participation in design and delivery can be a complex task. This is especially true in case of health promotion interventions involving marginalized populations like commercial sex workers. The findings of this research delineate how leadership, participation and empowerment can be achieved through a community-based health promotion project targeted towards commercial female sex workers within the context of their lived realities of marginalization and oppression.

‘Full representation and not just white representation’: Perceptions of media among BIPOC young adults with mental health concerns

Sophie Bao-Chieu To, University of North Carolina at Chapel Hill
Maria Leonora G. Comello, University of North Carolina at Chapel Hill
Parul Jain, Ohio University
Jeannette H. Porter, University of Missouri

Background: Media can contribute to stigma against marginalized groups but also be leveraged to reduce stigma (1-7). At a historic moment (defined by COVID-19, racial-injustice protests, and the U.S. election), we explore these dual roles among individuals who are members of stigmatized groups and have had worse mental health during the pandemic: young adults who are Black, Indigenous, and people of color (BIPOC) and have pre-existing mental health concerns (8). While recent events have produced sometimes troubling coverage of issues related to racism and inequities, they have also generated many conversations and resources around mental health on social media among BIPOC (9-12). To understand how those at-risk are navigating this media landscape, we are conducting a qualitative study, drawing on intersectionality and media representation literatures (13,14). We ask: How do young-adult BIPOC with significant mental health concerns perceive media related to their identities? Our findings can guide development of content that reduces stigma and uplifts voices of those who have been marginalized.

Methods: We are conducting 16 semi-structured interviews; themes from the 8 conducted thus far are presented (full results reported if accepted). Eligibility criteria include being 18-25, identifying as BIPOC, and having a behavioral health diagnosis and/or significant mental health concerns. Participants (7 women, 1 man, mean age=21) identified as Asian, Black, Latinx, Indigenous, biracial, and mixed race. They answered questions about their identities and experiences with media in relation to race and mental health. Interviews take place on Zoom (mean length=68 minutes) and are audio-recorded and transcribed. Per grounded theory, data analysis occurs simultaneously with data collection (15).

Results: Emergent themes (example quotes use pseudonyms):

- Race and other identities interacting to shape mental health trajectories (“Being gay, woman, and Black, I feel like I've always grown up just thinking it's like a triple whammy” -M/Black/woman)
- Encountering stigmatization and lack of mental health discussion in one’s community (“We don't really talk about any form of mental health problems...Everything's just kind of swept under the rug or not taken as seriously as...physical illnesses” -Z/Asian/woman)
- Perceiving severe lack of/incomplete/inaccurate representation of BIPOC in the media (“I feel like Black people were so underrepresented in media, but when they are represented, it's this huge stereotype...that just keeps going and going” -M/Black/woman)
- Acknowledging the power of social media (“I think social media has been kind of a tool for representation...and that's been super helpful for me in my life—and it's also been a tool for learning” -Q/Latinx+mixed race/woman)
- The importance of raising awareness among children about accurate BIPOC and mental health representations (“I think it's really important to have these kinds of characters embedded throughout all TV shows for all ages, not just adult TV...for kids to experience” -B/Asian/woman)

Discussion: Preliminary analysis points toward several potential recommendations. These include portraying BIPOC not just more frequently but more fully, harnessing social media to raise awareness of BIPOC mental health experiences, and prioritizing representation of these identities in children’s media. Our findings can contribute to a media culture that reduces stigma and supports health for people in marginalized groups (3).

Genes and DNA: Sources of information in the Latinx community: Implications for developing teaching materials

DaKysha Moore, Johnson C. Smith University
Grisel Trejo, Wake Forest School of Medicine
Timothy D. Howard, Wake Forest School of Medicine
Thomas A. Arcury, Wake Forest School of Medicine
Sara A. Quandt, Wake Forest School of Medicine
Edward H. Ip, Wake Forest School of Medicine
Paul Kortenaar, Ontario Science Centre
Joanne C. Sandberg, Wake Forest School of Medicine

In the media and health communities, the importance of precision medicine is increasingly a topic of interest. However, low health literacy levels, especially about genetics, might limit the benefits of providing this type of information to patients. The current study seeks to examine the primary sources of information about genetics (specifically “genes” and “DNA”) among the Latinx adult immigrant community in North Carolina with a limited education. Semi-structured in-depth interviews were conducted with 60 adults. Interview transcripts were systematically analyzed. The results identified specific communication channels that could be crucial for learning about genes and DNA. Both interpersonal and mass media channels were important for being exposed to information about genes, but entertainment programs were cited for introductory information about DNA. Implications of findings suggest targeted new communication strategies should be implemented to help increase the Latinx immigrant community’s knowledge about genes and DNA.

Get Excited to Eat Ramen: College Students' Perspectives on Experiencing Food Insecurity

Tyana Ellis, University of Alabama

Rationale: Universities across the United States have been investigating the prevalence of food insecurity amongst their students. Rates on college campuses have ranged from 14.8% to 59% indicating that some college students experience food insecurity at nearly 5 times the national rate of 12.3%. However, all of the data has been quantitative and has not investigated the college food insecurity experience from a student perspective. This study explored the communicative experiences of college students' food insecurity and their opinions on the university food pantry at a large Southern university.

Methods: 13 students participated in qualitative individual interviews. Students were asked to define food insecurity, what they think qualifies someone as being food insecure, and why they think college students become or are food insecure. The researcher then provided the students with the proper definition of food insecurity and asked the participants if they self-identified as food insecure after hearing the definition. Students were also asked about their awareness of and utilization of the food pantry, effective University messaging, University support, feelings associated with food insecurity, and the impact of food insecurity on college students. Interviews resulted in 78 single-spaced pages of transcripts. The author used an emergent thematic analysis to analyze the data.

Results: Across all of the interviews, (un)awareness was the most salient theme. Students were unaware of the University's food pantry and unanimously believed the University had done a poor job at communicating about the food pantry. Upon learning about the food pantry, they thought it was a valuable resource, but believed that in order for the food pantry to have a successful impact, the University needed to increase awareness about it. Students also believed that better communication on the University's part and increased awareness would help to alleviate any stigma students may feel in regard to using the food pantry.

The second theme that emerged was the idea of food insecurity being part of the identity of a college student. Students talked about how they were socialized to believe that food insecurity is "normal for a college student" and part of the college experience. While the term food insecurity was foreign, the experience of lacking nutritious food and the subsequent negative health and academic outcomes were not.

Implications: Having food insecurity as part of their communal college identity is harming students' health outcomes and academic success; however, students are not actively speaking out about it because they are socialized into believing that food insecurity is a normal part of their communal college identity. Students recommended a number of ways the University can raise awareness about food insecurity and the food pantry, including creating a more robust food assistance program indicating the importance of the University and collaborating with students to create effective food assistance program that accurately address students' needs. The University must take steps in creating space for food insecurity to be openly discussed as being an issue as opposed to something that students must live with and power through as part of the college experience.

Global Differences in Research on the Relationship between Social Media and Alcohol Use

Sunyoung Park, Michigan State University
Yao Dong, Michigan State University
Saleem Alhabash, Michigan State University
Hanneke Hendriks, University of Amsterdam
Sandi Smith, Michigan State University

The use of social media has increasingly influenced individuals' health. One prominent health domain of social media use is alcohol consumption. People around the world are exposed to alcohol-related content on social media posted by their social media friends and/or alcohol companies. Past research focused on the U.S. revealed that social media use is closely related to individuals' alcohol consumption (i.e. Curtis et al., 2018). However, it is not clear if this finding can be generalized across different countries. Cultural and contextual factors of different countries can interact with the relationship between social media use and alcohol consumption for several reasons. First, alcohol-related content available on social media can differ depending on the users' regions due to the characteristics of social media. Similarly, different countries might have different policies and restrictions on alcohol-related-advertisements on social media. Thus, the region can directly influence exposure to alcohol-related content on social media. Second, different cultural orientations of social media users may influence social media use and/or alcohol use. Past research has shown that different cultural orientations influence users' online engagement on social media (Wang & Liu, 2019) and drinking motives can differ based on cultural orientations (Mackinnon et al., 2017). Similarly, a recent study shows that the associations between alcohol-related content on social media and drinking intentions were similar but not identical across Belgian and U.S. participants (Geusens et al., 2020). These results suggest that cultural and contextual factors of the different countries can interact with the effect of social media use on alcohol consumption. Thus, a comprehensive review is needed to synthesize past findings regarding the relationship between social media use and alcohol consumption across different countries. The present study aims to synthesize findings from the past literature published from 2009 to 2019 to answer the following questions.

Research Question 1: In which countries has research regarding social media and alcohol use been conducted from 2009 to 2019?

Research Question 2: What are the geographic differences in social media and alcohol use studies in terms of (a) methodological approaches, (b) testing the relationship between social media and alcohol use, and (c) theoretical, conceptual, and operational attributes?

To answer these questions, literature on the relationship between social media and alcohol use between 2009 and 2019 using relevant keywords. A total of 209 studies were retained based on inclusion criteria. Trained coders coded the studies based on the developed coding scheme. The preliminary analysis shows that more than half of the studies were conducted in the United States ($n = 107, 51.94\%$). Further analyses will be conducted to answer the research questions and the results will be presented in DCHC 2021.

Gynecologic Cancer Treatment Appointments: Healthcare Providers' Assessments of the Role of Support Persons

Senger-Mersich, Angela, Rutgers School of Communication and Information

Greene, Kathryn, Rutgers School of Communication and Information

Venetis, Maria K., Rutgers School of Communication and Information

Bontempo, Allyson C., Rutgers School of Communication and Information

Catona, Danielle, George Mason University

Buckley de Meritens, Alexandre, Rutgers Cancer Institute of New Jersey

Devine, Katie, Rutgers Cancer Institute of New Jersey

Support persons often accompany patients to medical appointments, particularly for more critical cancer-related treatment appointments. These support persons can vary in relationship role including, for example, spouse/partners, adult children, parents, siblings, or friends. The literature refers to these persons who accompany patients with a variety of terms (e.g., advocates, companions, support persons) that may obscure the nuance of the relationships such as if they are paid, live with the patient, etc. For this project, we focus on unpaid support persons who accompany patients to gynecologic treatment appointments. Limited research exists on how the presence of support persons during these visits influences interactions between the healthcare provider (HCP) and the patient. What research does exist identifies complex patterns of sharing and withholding between patients and support persons, but to date, limited research exists about how these dynamics transfer into the healthcare interaction. HCPs may perceive the support person's presence as either helpful or unhelpful to the interaction, the focus of this investigation. Audio-recorded telephone and in-person interviews with ten (N = 10) healthcare providers at an NCI Designated Cancer Center of Excellence (n = 3 medical assistants and medical technicians, n = 3 nurse practitioners and registered nurses, n = 4 oncologists) addressed healthcare providers' experiences managing patients and their support persons together, with special consideration of the support person's communicative role during these treatment appointments. These interviews averaged 56 minutes and 20 seconds (SD = 12 minutes), ranging in length from 36 to 76 minutes, and they were transcribed and coded by multiple team members.

Thematic analyses of the HCP interviews revealed themes that were grouped into helpful and unhelpful support person behaviors. HCPs' descriptions of support person behaviors that are helpful clustered into three themes including: support persons managing information for patients, managing emotions, and assisting with the visit. HCPs discussed four unhelpful support person behavioral themes including: support persons interfering with healthcare provider's treatment agendas, having an inhibitory effect on patients expressing themselves, expressing their own anxieties, and being disengaged. The support persons' helpful behavior described by healthcare providers aligns with some other research on the potential for support persons' positive roles during medical visits. The unhelpful behaviors reported illuminate the challenges associated with triadic interactions, and some of these dialectical tensions are also reflected in the privacy, disclosure and avoidance research. HCPs, at times, find themselves in the position of a "referee" forced to appease, mediate, refocus, assert, and encourage as part of these complex triadic interactions, a challenging set of interaction tensions to manage while focusing on patient care and medical needs. Our findings indicate a need for guidance and potential training for gynecologic cancer patients' support persons. Similarly, healthcare providers may benefit from training on how to navigate support persons' unhelpful behaviors in a gynecologic setting. Application of findings may extend to other triadic interactions and cancer settings. Limitations and suggestions for future research are discussed.

Harnessing AI for health message generation: The Folic Acid Message Engine (FAME)

Schmaelzle, Ralf, Michigan State University
Wilcox, Shelby, Michigan State University

Introduction: An adequate supply of folate/folic acid (FA) is required for the body to build cells, and FA deficiency during early pregnancy can lead to severe embryonal neural tube defects. However, awareness about FA and knowledge about FA-rich diets remain low. This is especially problematic since about half of all pregnancies are unplanned, and the majority of all pregnancies are only noticed after neural tube defects occur. Mass communication campaigns can raise public awareness about FA, but these efforts are costly and difficult to sustain. In contrast, user-generated content is cheap and able to stimulate interpersonal conversations, but difficult to control and subject to conflicts of interest (e.g., commercial). To maximize the benefits and minimize each approach's costs, we propose a new strategy for creating and disseminating high-quality FA awareness messages, which could be useful for social media health communication campaigns.

Method: Here, we harness the latest advances in artificial intelligence to build a system that can generate a near-infinite number of health messages to promote FA awareness - the Folic Acid Message Engine (FAME). Specifically, we use OpenAI's Generative Pre-trained Transformer2 (GPT2) architecture, a machine learning model trained on a web-corpus of about 8 million natural language texts. We initially use datasets of auto-downloaded tweets about #folicacid to fine-tune this model, which is then used as a message engine to create coherent, grammatically correct, and novel messages about the topic of FA. We demonstrate this system's feasibility and examine the effects of the size and content of training data on the generated messages.

Results: We find that FAME can easily create several hundreds of new, sensible messages that appear natural to humans. Importantly, this ability comes at virtually no monetary cost. By increasing the size of the training data (from hundreds to thousands), hand-selecting training messages (to include only more effective messages), or limiting input to official sources (e.g., feeds of FDA, CDC, and state health agencies), these results can be further improved. Moreover, these strategies empower campaign personnel to control the topical focus and style of FAME's messages.

Discussion: FAME can serve as a starting point for more sophisticated AI-aides for message generation to promote awareness for selected health issues. Beyond the practical potential of such systems for campaigns in the age of social media, they also hold great scientific potential for quantitative analysis of message characteristics that underlie successful health communication. We are thus expanding FAME towards other health issues that suffer from low public awareness and knowledge gaps, and we will report on these efforts by the time of the conference. Future developments include adding images, learning dynamically from user-feedback, and more complex, persuasive appeals. Our presentation will provide an overview of FAME's theoretical underpinnings and its linkage to current theorizing on mass communication about public health in the age of social media. We will also discuss obvious ethical challenges our field will face as human-centered AI technologies for health persuasion become widespread.

Health Belief Model Variables Predict Tobacco-Related Behavioral Intentions Differently Between LGBTQ and Heterosexual Individuals

Bryan Chen, The College of New Jersey
Yachao Li, The College of New Jersey
Bo Yang, University of Arizona

Background. Tobacco-related health disparities among the LGBTQ community are growing. About 21% of LGB adults and 36% of transgender adults smoke cigarettes, compared to 15% of heterosexual adults. Nearly 1 in 3 sexual minorities have ever used e-cigarettes, compared to 1 in 5 heterosexual people. As tobacco use has direct adverse health consequences, reducing tobacco-related health disparities among LGBTQ people is critical. Health Belief Model (HBM) is an instrumental theory to design anti-tobacco campaign messages. Messages addressing HBM constructs are more likely to encourage behavioral change. However, less is known whether HBM constructs predict tobacco-related intentions differently among heterosexual and LGBTQ adults. We explored this issue in the context of smoking (study 1) and vaping (study 2).

Method. Participants were a national sample of 1,808 current adult smokers (study 1) and 2,801 adults (study 2), recruited by a market research company. Participants in both studies were randomly assigned either to view an anti-smoking message (study 1) or an e-cigarette risk message (study 2) that were designed to evoke thoughts about HBM constructs. After message exposure, participants reported HBM constructs and quit intentions or intentions to stay away from vaping. Message effects were not a major focus of this study; thus, message conditions were controlled for in both studies.

Results. In study 1, hierarchical regression showed that LGBTQ identity interacted with perceived health threat and perceived barriers to quitting to predict quit intentions. Specifically, perceived health threat positively predicted quit intentions among heterosexual, but not among LGBTQ smokers. Perceived barriers to quitting more strongly negatively predicted quit intentions among LGBTQ than heterosexual smokers. In study 2, LGBTQ identity interacted with perceived health threat and perceived benefits of not vaping to predict intentions to stay away from vaping. Specifically, perceived health threat positively predicted intentions to stay away from vaping only among heterosexual, but not LGBTQ people. Perceived benefits of not vaping more strongly positively predicted intentions among LGBTQ than heterosexual people.

Discussion & Conclusion. Our study demonstrated that HBM constructs predicted tobacco cessation or prevention intentions differently among heterosexual and LGBTQ adults. Perceived benefits and perceived barriers were more important in predicting LGBTQ people's behavioral intentions. Yet, perceived health threat of tobacco use did not predict intentions among LGBTQ people. LGBTQ people may strongly believe that smoking and vaping are inextricably linked to being sexual and gender minority, and thus they may overlook the risks of tobacco use. The limited availability of LGBTQ friendly social gathering locations may also normalize smokey bar culture amongst this marginalized group. Moreover, LGBTQ people's decisions to stay away from tobacco products might be determined by other reasons more important to them than risk, such as the belief that tobacco use may compromise HIV/AIDS prognoses and hormone therapy. Many anti-tobacco messages are focused on communicating risks of smoking. Our finding suggested that these messages might not work among LGBTQ people. Anti-tobacco campaign message designers using HBM should consider that different HBM constructs might be differently related to intentions or behaviors among LGBTQ and heterosexual people.

Health Disparities and Inequities in Sickle Cell Disease

Amanda Young, University of Memphis

Craig Stewart, University of Memphis

One context in which to study healthcare injustice is sickle cell disease (SCD), the most common inherited, life-limiting disease in the United States, affecting about 100,000 Americans, most of whom are African American. Yet SCD is an uncommon topic in health communication research, and is seldom, if ever, discussed in contemporary narratives about social justice. The SCD community, however, is a microcosm in which we can study health disparities and inequities. Disparities emerge in issues of research funding, development of treatments, access to care, patient/provider communication, and investment by researchers (including those in health communication) in SCD. Rather than reporting on a specific research project, we draw from the literature to explore each of these sites of inequity, including quotes from members of the SCD community who have participated in past projects. Our goal is to begin a conversation among health communication scholars in hope of developing a body of research that impacts the quality of life for SCD patients.

In SCD a genetic mutation causes red blood cells to stretch into a shape like a sickle. The cells become sticky, clumping together and cutting off blood flow in small vessels and with it, the supply of oxygen to the affected tissue. This process causes excruciating pain in the affected tissues, resulting in organ and bone damage, blindness, stroke, and eventually death. Because of similar genetic mechanisms, SCD is often compared to cystic fibrosis (CF), which affects about 30,000 Americans, most of whom are white. Research funding is critical for both of these diseases. Yet while CF affects less than 1/3 of the number of SCD patients, it receives astronomically more funding than SCD. Farooq and colleagues (2020) calculated the difference in funding per patient, considering both government and foundation sources. Annually, CF receives \$10,592 per patient, while SCD receives \$943 per patient.

Racial stereotypes and stigma affect the care that SCD patients receive, especially in emergency departments (ED) when they seek care for pain crises. These crises require high doses of narcotics, the only avenue to relief. Both literature and many SCD patients report ED personnel accusing patients of being “frequent flyers” and drug seekers and then delaying care and withholding or reducing pain medications. Smith (2007) describes stigma as a communicative process that marks, describes, ascribes responsibility to, and identifies the stigmatized group as dangerous.

In this paper, we explore how these communicative processes have developed in the SCD community and the communication interventions being developed, most often without the expertise of communication scholars. We also explore the work of the Black Panther Party in the 1960s as they increased awareness of SCD in the Black community, founded community testing centers, and helped connect patients to physicians (Nelson, 2013).

In this paper, we explore these inequities and others, focusing on how the stigma and stereotypes affect communication at the patient/provider level, as well as within healthcare systems, research communities, and the public. We conclude with descriptions of current research, suggesting ways that communication scholars can contribute.

Health infographics and message manipulation: An experimental study

Shaheen Kanthawala, University of Alabama

Complex information, that is important to the public, is generally presented to the audience in simplistic ways, so that people can consume it easily without needing specialized education or skills to interpret it. Health information, especially, falls into this category and a popular way to present complicated health content, has been through infographics or data visualizations. Especially over this past year with the COVID-19 pandemic, health infographics have become even more commonplace than before. However, with the rise of half-truths and fake news, infographics have also fallen under the same dangers of presenting manipulated information. Data visualizations can be easily manipulated to depict meanings different from fact. In order to test how such manipulated content can affect audience persuasibility (message credibility, source credibility, perceived quality, message elaboration, attitudes), a 2 (infographic manipulation: present vs. absent) x3 (infographic topic: HPV vs. bone marrow vs. colon cancer) mixed factorial design experiment was conducted. Three different health-related infographic topics that were selected as a within-subject repeated measure in order to increase generalizability and determine if the manipulated variables work in different health infographic situations. Infographic manipulation was carried out distorting and presenting unclear scales of graphs within the infographic. Based on the above, the following hypotheses and research questions were posed:

H1: Individuals exposed to manipulated health infographics will find them less credible than those exposed to non-manipulated health infographics.

H2: Individuals exposed to manipulated health infographics will find their source less credible than those exposed to non-manipulated health infographics.

H3: Individuals exposed to manipulated health infographics will perceive them to be of lower quality, than those exposed to non-manipulated health infographics.

H4: Individuals exposed to manipulated health infographics will elaborate the message less than those exposed to non-manipulated health infographics.

H5: Individuals exposed to manipulated health infographics will have more negative attitudes toward them than those exposed to non-manipulated health infographics.

The data were analyzed as a mixed effects model in order to account for random stimuli variation within experimental data (Judd, Westfall, & Kenny, 2012). The model was significant and predicted a positive relationship between the presence of infographic manipulation and message credibility, $F(1, 690) = 7.37, p < 0.006, AIC = 2351.0$ (H1 was supported), infographic manipulation and perceived source credibility, $F(1, 690) = 6.29, p < 0.012, AIC = 1700.9$ (H2 was supported), infographic manipulation and perceived quality, $F(1, 687) = 24.32, p < 0.000, AIC = 2297.6$ (H3 was supported), and infographic manipulation and attitudes, $F(1, 690) = 11.83, p < 0.0006, AIC = 2262.5$ (H5 was supported). Only the relationship between infographic manipulation and message elaboration was not significant (thus, H4 was not supported).

The results indicated that manipulation of graphical data visualizations within infographics does play a role in people's persuasibility toward the message. This finding highlights the importance of understanding manipulated graphics, especially in the context of a heavy social media and internet landscape, where people first go to find information or incidentally come across it.

“I Was Literally Just Not Myself”: How Chronic Pain Changes Multiple Layers of Identity

Heather L. Voorhees, University of Montana

More than 25 million American adults experience chronic pain, defined as daily pain for at least three months (Nahin, 2015). Chronic pain has been shown to create negative psychological consequences (American Pain Foundation, 2008), cause relational turmoil between pain patients and their loved ones (Stensland & Sanders, 2018), and impact one’s identity (Morley et al., 2005). Because identity can affect psychological and physical well-being (e.g. Campbell et al., 2003; Yanos et al., 2010), more work is needed to understand how chronic pain specifically impacts various aspects of one’s sense of self. The current study is framed in the Communication Theory of Identity (CTI; Hecht, 1993), which states that the relationship between communication and identity is reciprocal, and that identity is experienced and communicated in four layers: personal, relational, enacted, and communal. Using CTI, I explore the following research question: What influence does chronic pain have on each layer of identity?

Interview participants (N=23) were recruited via the internet and local chronic pain support groups. Participants were mostly female (n=16), and the majority were under the age of 45 (n=16) and living in the United States (n = 21). Interviews were conducted via telephone; audio recordings were transcribed and coded using a three-phase grounded theory approach (Charmaz, 2014) to identify recurring, meaningful themes.

Preliminary results indicate that chronic pain spurs major changes within one’s personal, relational, and enacted identity layers. Participants described palpable differences between their pre- and post-pain selves in how they perceived themselves, how they related to others, and how they enacted their sense of self. These changes are detailed in themes within the three identity layers:

Personal: (a) Feeling like a different person: Ongoing pain changed vital aspects of patients’ internal selves, including values, opinions, interests and attitudes. (b) Growing positively: For some, pain made them appreciative of certain aspects of their life or more empathetic toward others and themselves.

Relational: (a) Different treatment: After the pain began, at least one person in the participants’ lives became more accommodating, expected less of the participant, asked about their well-being more often, or otherwise treated them differently than before. (b) Damaged relationships: Almost all participants stated that at least one friend, partner, or family member seemed unwilling to change the relationship to accommodate pain-related issues, which introduced tension. (c) Isolation: Participants described a general sense of loneliness and abandonment, as if pain separated them from society.

Enacted:(a) Acting differently: Chronic pain caused participants to move more carefully, avoid sexual contact, stop participating in hobbies or activities, etc. (b) Putting on an “act”: Participants sometimes felt pressure to communicate their pain in a particular manner, such as concealing the physical effects of pain so as to not appear melodramatic.

A novel theoretical contribution of this study is using CTI to explore the specific ramifications of chronic pain on various layers of identity. Practically, by better understanding how chronic pain influences one’s identity—and how identity changes are communicated—we can help individuals navigate the unique challenges they face.

“I’ll never be able to capture my son’s footprints in ink on the day he was born”: How COVID-19 affects women’s birth narratives

Susanna F. Scott, Indiana University - Purdue University Indianapolis

Nicole L. Johnson, Center for Access & Delivery Research and Evaluation, Iowa City VA Health Care System

Maria Brann, Indiana University-Purdue University Indianapolis

Jennifer Bute, Indiana University-Purdue University Indianapolis

Birth narratives play an important role in how women make sense of their own experiences, and these narratives may be uniquely affected by giving birth during the COVID-19 pandemic. Women are motivated to share their birth stories to build “motherwisdom” among fellow mothers, which includes fulfilling a sense of responsibility to share one’s story to normalize a variety of birth experiences (Johnson et al., 2020).

Narrative theorizing can be understood as a collection of vital problematics, including the problematic of creativity and restraint through which individuals assert their individuality while responding to societal constraints (Harter et al., 2005). During COVID-19, the pregnancy, birth, and postpartum experiences of women have significantly changed due to the disruption of well-established social rituals. Understanding this through the lens of the problematic of creativity and constraint may extend our understanding of how birth narratives have been impacted by COVID-19 and how women have navigated the tension in their own experiences in relation to seismic shifts in societal norms.

Seventy women from 19 different states completed a survey including writing out their birth story, and 65 of those women participated in one of 7 focus groups. Beyond geographic region, women represented a diverse sample identifying as White (n=52; 2 Hispanic), Black (n=14), Asian (n=1), or Other Hispanic (n=3). Additionally, women varied in education level including less than high school (n=1), high school diploma/GED (n=3), some college (n=5), associate’s degree (n=5), bachelor’s degree (n=28), master’s degree (n=20), doctorate degree (n=4), or professional degree (n=4).

Qualitative thematic analysis revealed that when asked about their birth stories, mothers: 1) focused on sharing changes as a result of COVID-19 and their response to those changes including celebrations, doctor’s appointments, prenatal education, delivery and postpartum recovery; and 2) attempted to reconstitute their own experiences against the rapidly shifting environment around them due to COVID-19. One woman said of the changes, “Like one of my friends was talking about her birth a few years ago and how her mom had come over to just watch her son so she could sleep at night and that just made me burst into tears because we had all of that help there, and then within 48 hours it was completely gone.” Regarding reconstituting their own experience another woman said, “And so all of these expectations and ideas that we’ve been waiting for years were totally gone now. The positive of that is that we got to really experience something more intimate together because of COVID, and we had all this time at home.”

Findings suggest that health communication scholars should focus on how processes like childbirth have been affected by the tensions between individual experience and the rapid changes in well-established rituals that help shape narratives. Our findings demonstrate that women are doing significant work to make sense of their personal narrative in comparison to pre-COVID social norms that might be expected during the pregnancy, birth, and postpartum experience.

“I’ll sacrifice my health for success”: First-generation College Students’ Perception of Health and Information Seeking Behavior

**Rochelle Davidson Mhonde, George Mason University
Adebanke L. Adebayo, George Mason University**

First-generation students (FGS) are considered the fastest-growing student population across all campuses comprising about 34% of the freshman population (Lightweis, 2014). However, FGSs are among the most understudied and at-risk college populations facing numerous transitional issues that negatively influence their health and academic goals.

The researchers used lifespan communication, acculturation, and the Health Belief Model as theoretical frameworks to explore FGS’s perceptions of health and health information-seeking behavior.

The researchers conducted three focus group discussions and one in-depth interview with 18 participants to gain detailed information about FGS’ health challenges and health information-seeking behaviors. Over 80% (n =15) of the participants were first-generation college students, and 66% (n = 12) of the participants were also first-generation American students. Critical Thematic Analysis (CTA) was used to analyze the transcripts based on the constructs of the Health Belief Model (HBM).

Compared to other studies with early college students our findings revealed both common and unique experiences of health perceptions and health information seeking behavior amongst FGS. The intersecting identities of being early college students, first-generation students, and first-generation American influenced perceived susceptibility, perceived benefits, perceived barriers, perceived self-efficacy, and health information-seeking behaviors. The students indicated pressure they feel from family to succeed; which influenced their academic pursuits, health concerns, and health information seeking behaviors.

Understanding how FGS may be experiencing intersecting barriers of identity, language, socio-economic status, and college as an uncharted territory within their family can help university health and mental health specialists tailor programs and messages that will be effective for this at-risk sub-group of their student populations. Thus, programs that address the fears and barriers of health and wellness for FGS result in increased retention and graduation rate and create a more inclusive environment for all students.

Impact of the COVID-19 pandemic on access to healthcare and quality of life of the Indian transgender community

**Satarupa Dasgupta, Ramapo College of New Jersey
Sunny Sinha, Marywood University,
Raina Roy, Samabhabana**

Introduction: The current COVID-19 pandemic and the strategies to curb the spread of infection have exacerbated the challenges faced by marginalized populations across the globe. In India, government strategies to combat COVID-19 have managed to threaten the survival of transgender communities. Disease outbreaks traditionally perpetuate gender inequities and increase vulnerabilities borne by marginalized groups. The proposed research investigates the impact of COVID-19 on the health and lived experiences of the transgender community in India. The study intends to analyze how COVID-19 affects the following ---access to healthcare resources, availability of gender transition services, and the state of mental health.

Methodology: The findings of the current paper will be based on twenty-five in-person interviews of transgender individuals in Kolkata, India conducted through Whatsapp audio calls. The interviews will be done in collaboration with Samabhabona, a LGBTQ rights organization based in Kolkata. It is anticipated that the process of selection of interviewees will be conducted by Samabhabona itself. The prospective interviewees will most likely be individuals who are affiliated with Samabhabona in some capacity and have access to Internet and cell phones with cross-platform messaging and Voiceover Internet Protocol services. A combination of structured and semi-structured interviewing with open-ended questions. All communication will take place in Bengali, the native language of the interviewer and the interviewees. The responses will be recorded as voice notes in a smart phone. The voice notes will subsequently be translated into English and transcribed for textual analysis. No personal information like name, age, family background, profession, or health status will be asked

Summarization: COVID-19 and the subsequent strategies of the Indian government to manage the disease have managed to create complex challenges in the lives of marginalized populations like transgender communities. COVID-19 responses across India have not considered the gendered impact of the virus in the immediate wake of the implementation of strategies to combat the pandemic. For the transgender population of India---traditionally hyper-marginalized and with poor access to resources --- COVID-19 has the potential to wreak havoc on their already fragile state of existence. The transgender community in India form an invisible populace whose sexuality, health and wellbeing have rarely been subjected to research. The lack of information---about identity negotiation, ability to access healthcare resources, availability of gender transition services like sex reassignment surgeries and mental health support seeking---among transgender populations hinders effective formulation of intervention programs directed at them. There are currently no available studies on the impact of COVID-19 on transgender lives in India. It is anticipated that the proposed study will fill in the gaps in communication research on the impact of COVID-19 on the health and lived experiences of the transgender community. Also, the findings can help to formulate future communication interventions that would cater more effectively to the needs of the transgender community in a post-COVID-19 scenario.

Information Avoiding and Ignoring as Barriers for Health Promotion

Elena Link, Hanover University of Music, Drama and Media, Department of Journalism and Communication Research

People do not always welcome disease-related and medical information but instead ignore or avoid information. Both types of information behaviors can have positive, but also negative consequences for health and wellbeing (Barbour et al., 2012; Brashers, 2001). They can serve as barriers for health promotion and prevention, might be associated with delayed uptake of health care, increased information inequalities (Viswanath & Emmons, 2009) or biased perceptions of one's actual health risks (Emanuel et al., 2015). Despite these implications, information ignoring and avoiding are rather understudied (Deline & Kahlor, 2019). Their prevalence and their influencing factors are not well understood (Emanuel et al., 2015). To address these research gaps, the current study aims to analyze the prevalence of information ignoring and avoidance of disease-related information in general, and identify similarities and differences between their influencing factors. Based on the framework of understanding information avoidance decisions (Sweeny et al., 2010) we focus on the role of personal and situational factors that may lead to avoid or ignore information about diseases and medical issues.

We conducted an online survey among the German public in a sample stratified demographic characteristics (N= 3000). The questionnaire measured information avoiding (McQueen et al., 2014) and ignoring (Ramanadhan & Viswanath, 2006) as well as possible personal and situational influencing factors like control beliefs, coping resources, health literacy, channel beliefs, health status and condition as well as sociodemographic and socioeconomic factors. The relevance of these factors for explaining information avoiding and ignoring were determined by linear and logistic regression analyses.

In our sample, 18 % of the respondents indicated to ignore, whereas a share of 27 % avoid information about diseases and medical issues. Personal and situational factors contributed to the explanation of both information behaviors. Above all, the predictors explained $R^2 = 0.22$ ($p \leq .001$) of the variance in information ignoring and $R^2 = 9.6$ % ($p \leq .001$) of the variance in information avoidance. Similar for both defensive responses, male gender, the absence of chronic health conditions, less available coping resources, and lower perceived health literacy were common factors associated with higher tendencies to ignore or avoid information.

Against the background of potentially negative consequences of both information behaviors, our findings provide guidance to identify particularly vulnerable target groups, such as men. Their high tendency to react defensively to information can be associated with lower disease-related knowledge and lower levels of empowerment.

Additionally, the findings also guide the way to overcome barriers in health information provision. It could be promising to support individuals' coping resources, address their health literacy with health interventions, design campaigns that work with self-affirming stimuli (Taber et al., 2016), or address significant others to initiate interpersonal communication about potentially threatening information. Planners of informational interventions, health communicators as well as health professionals need to be aware of the differences between avoidance and ignoring to find adequate strategies to overcome certain barriers and design adequate supportive information (Lambert et al., 2009) – and in doing so potentially reduce negative consequences like information inequalities.

Information needs of people who inject drugs

Margaret S Zimmerman, Florida State University

The United States is in the midst of an opioid crisis. This public health crisis is responsible for recent national increases in opioid overdose deaths, increases in new Hepatitis C virus (HCV) infections, and increases in serious injection drug use-related bacterial infections. An alarming 67,367 drug-related overdose deaths occurred in the United States in 2018, representing a 43% increase compared to 2014. The majority of these deaths involved opioids (69.5%) (Hedegaard, Miniño, and Warner, 2020). Hospitalizations for serious bacterial infections are also increasing in people who inject drugs in the United States (Collier, Doshani, and Asher, 2018). People who inject drugs are disproportionately burdened by the HIV epidemic with 9% of all incident HIV infections in 2017 in the United States attributed to injection drug use (CDC, 2018). Illicitly made fentanyl now dominates the illegal opioid markets in the northeastern U.S. Because fentanyl has a shorter half-life compared to heroin, people who inject drugs may need to inject fentanyl more frequently compared to previous heroin use to prevent opioid withdrawal. This increased frequency of injection may increase the risk of HIV acquisition through increased injection equipment sharing.

Despite the profound evidence that people who use drugs are suffering a public health crisis, there is a lack of research dedicated to the health information behavior and needs of this population. Inclusive in information that may be of benefit to this population is information on recovery and addiction resources, safe injection practices, local needle exchange programs, soft tissue injection site hygiene maintenance, harm reduction practices such as discernment of fentanyl versus heroin, procurement and delivery of Narcan, and any other information relevant to a population that disproportionately suffers homelessness, hunger, violence, and endemic poverty (Matto and Cleaveland, 2016). To be clear, public health interventions with the goal of stemming addictive and potentially fatal opioid use are best. However, in tandem with meeting these goals, information science applied to the delivery of effective, targeted resources may be of incredible benefit to such front-line workers.

This project will be a first step in synthesizing the current knowledge of information science scholars and professionals regarding what information people who inject drugs have access to, how they interact with information, and what dissemination methods may be most beneficial. This proposal is for a scoping review of the literature to inform future research and interventions. Specifically, the objectives of this research project are listed below: Write a scoping review of the literature on the information needs and behaviors of people who inject drugs. Evaluate the literature for themes related to information needs, barriers, best delivery practices, and gaps of knowledge. Create a list of recommendations for further human subjects research that could be a benefit to this population. The presentation at the DCHC conference will be a summary of the findings of this research geared toward the suggestion of both best practices that have been employed and areas for further research.

Integrative and Interdisciplinary Model of Occupational Health and Safety: A Meta-Analysis

Carolyn Hinton, Queens University of Charlotte

Preventable and unintentional injuries are a leading cause of death in the United States (Centers for Disease Control and Prevention, 2017). Unintentional injuries and/or death can occur in all employment contexts but are especially likely to occur in transportation, agriculture, business, and government sectors. Workplace injuries most often result from transportation accidents, slips/falls, contact with objects and equipment, and exposure to harmful substances (National Safety Council, 2020).

Occupational safety and health (OSH) is essential to preventing unintentional injuries and death in any working environment. Occupational safety and health is an interdisciplinary field that spans the boundaries of various disciplines including communication, psychology, industrial hygiene, epidemiology, and education (American Public Health Association, 2020). OSH interventions often focus on minimizing hazards through communication and coaching behaviors that are intended to foster safe conditions in the workplace (World Health Association, 2020).

While the literature is replete with examples of applied OSH interventions (Anger et al., 2015; Bartholomew & Mullen, 2011), this work often neglects to use theoretical underpinnings to inform the development, implementation, and evaluation of intervention efforts (Christian, Bradley, Wallace, & Burke, 2009). There are well-planned interventions that have successfully employed empirically validated theories (e.g., social exchange theory, theory of reasoned action, social marketing planning model) to inform the development and implementation of intervention efforts (Sublet & Lum, 2008); however, none of these theoretical approaches have fully represented the varied and complex factors that influence employees' safety decision making.

To address this gap, the present investigation proposes and tests an interdisciplinary and integrative theoretical model that can be used to inform and enhance the effectiveness of OSH interventions. Specifically, this theoretical model draws on variables from communication, psychology, and marketing to provide a comprehensive and holistic representation of the cognitive, affective, and programmatic factors that predict occupational health and safety behaviors. In particular, this investigation will take a meta-analytic approach to explain the role risk perception factors (e.g., perceived susceptibility, perceived likelihood, & perceived severity), response factors (e.g., response, efficacy, self-efficacy, and service factors (e.g., perceived service, perceived value, and customer satisfaction), have on health and safety behavioral outcomes.

Investigating how nurses communicate in online spaces: A mixed methods approach

Jennifer Ptacek, University of Dayton

Nursing is one of the most important professions in the United States but has historically endured high levels of shortage and turnover (Fox & Abrahamson, 2009). Common stressors in the nursing profession include high patient-to-nurse ratios, emotionally demanding patients, team conflict, and rising expectations for care delivery (AbuAlRub et al., 2009). Socially supportive workplace communication is one answer to addressing the issues of nurse stress and burnout (Wright et al., 2010). However, a culture of bullying and incivility still exist among nurses (Simons & Mawn, 2010). Therefore, nurses have begun to turn to the Internet as a safe space to communicate their stressors about their jobs (Brooks & Scott, 2006). This study identified online spaces—such as discussion forums—as one way in which nurses communicate about their jobs as a way to relieve stress. Specifically, this study sought to understand how and why nurses communicate with each other online.

Data for this study includes 2400 posts from a popular nurse discussion forum on reddit.com, as well as 440 questionnaire responses. The questionnaire sought to further understand nurses' online activity and asked questions such as "Why do you participate in these forums?" and "What kinds of questions do you ask on the forums?" Participants included both individuals who are currently working as a nurse of some licensure as well as those who are working toward becoming a nurse. Questionnaire findings indicate that nurses often had more than one reason for coming to nursing-related subreddits on reddit.com or other nurse discussion forums to speak with other nurses. Nurses most often came to read what others say on a variety of topics, get advice from other nurses, learn more about nursing, and give advice, among other reasons. Analysis of the online reddit posts mirrors several of the themes indicated by the survey results. Six major themes emerged, which include nurses sharing humorous memes, pictures, and/or jokes; sharing experiences related to work; providing information about their jobs; venting about frustrations; asking for or giving advice about work; and new students and nurses asking for help related to schooling or their first job as a nurse.

Findings contribute to theoretical understandings of online communication and how nurses construct meaning about their jobs. These findings also contribute to Jablin's (1985) and others' work on anticipatory and vocational socialization and extend what is known about how online communication offers an additional source for nurses to engage in socialization beyond sources like peers and family. Second, the methods used in this study address a gap in the existing literature by analyzing data from online spaces as well as employing a mixed-methodological approach to explore research problems unique to these methods, such as understanding nurses' work experiences, which has scantily been explored qualitatively or in online spaces, particularly within the communication discipline. Third, findings provide individuals who are considering entering the nursing profession with outlets in which to seek information in online spaces, as well as information to either strengthen or contradict their existing perceptions of nursing work.

It's Time To Come A Long Way, Baby: Mastectomy and Feminist Health Justice In Health Communication

Heather Smith, George Mason University

Feminist Health Justice seeks to contextualize women's health as a social justice issue. The history of medicine is based on the male body, resulting in less understanding of risks for those born into the female body. The dependence of psychiatry and psychology on the theories of Freud, and their overarching influence on Western culture, create extensive biases of women as hysterical that permeates all health fields. Gynecology is rooted in inhumane and unethical procedures performed on slaves and 'cadavers' without the permission of the dead or anesthesia for the living. For these reasons, FHJ in health communication and women's health is critical to understanding a just and patient-centered view of serious health issues.

Much of the public discourse in FHJ has surrounded topics related to fertility, birth and abortion rights. Researchers in many social science and humanities fields have also looked at body shape, weight and eating disorders from a FHJ perspective. These issues are important and valuable to the study of health disparity, health literacy and to promoting good health outcomes.

As important as the common issues related to fertility, abortion and motherhood and body image issues may be, FHJ is critical to understanding the lived experience of breast cancer and mastectomy. According to the American Cancer Society, 1 in 8 women in the United States is diagnosed with breast cancer, and mastectomy remains the most common treatment for invasive breast cancer. Increases in invasive breast cancer have been slowly rising since 2004. Many disparities in survival and treatment exist in the US currently, such as higher rates of death for African-American women.

To understand the experience of women and promote Feminist Health Justice in breast cancer communication, the background of women's health history, breast cancer and mastectomy history need to be explored, and the women that live these experiences need to be heard. The central tenet of standpoint theory is that scholarly inquiry should start from the lives of the marginalized. Standpoint feminism requires the examination of the testimony of women and that the scholarship be grounded in their observations. This study uses standpoint theory and the iceberg model to explore mastectomy through ethnography, virtual ethnography and visual narrative inquiry. person to person ethnography data and online support group communication are analyzed, with the central focus being the words of the survivors.

Knowledge and Attitudes Towards HPV Vaccines Among Foreign-Born Immigrants in the US: Recommendations for HPV Vaccination Messaging

Obianuju Aliche, Florida State University
Mia Lustria, Florida State University
Mary Gerend, Florida State University

Background: Human Papillomavirus (HPV) is the most common sexually transmitted infection (STI) in the United States (U.S) with approximately 14 million cases occurring yearly. HPV causes almost all cancers including cervical cancer. HPV incidence and cervical cancer are notably more prevalent in ethnic minorities in the U.S (Lechuga, Swain, & Weinhardt, 2011; Mohammed et al., 2018). For example, CDC (2020) reports that Hispanic women and African American women are most likely to get cervical cancer than women of other races/ ethnicities. This high prevalence is due to less access to prevention measures (such as vaccination).

Despite the World Health Organization's endorsement of HPV vaccination as the primary HPV prevention, poor adoption of the vaccine remains a significant problem in the US. Communication factors including misconceptions, assumptions, and uncertainties regarding HPV vaccines are barriers to broad adoption.

The US is home to diverse immigrants with significantly different cultures, languages, and health literacy, which may create barriers to accessing health information. When compared with the U.S.-born individuals, immigrants are less likely to seek health information and have more difficulty understanding found information (Yoon et al., 2017).

This study sought to examine the knowledge, perceptions, and behaviors toward HPV vaccine among foreign-born /immigrants in the US. The study examines how their culture -acculturation and culturally protective health factors, as well as health beliefs, may influence their information-seeking behaviors related to HPV vaccines. It also seeks to determine their information needs and preferred channels of communication so that we can develop more effective health communication campaigns tailored for this population group. Findings from the study will contribute to impactful tailored educational approaches that will be salient to the most vulnerable populations in the US.

Methods: An online survey was administered to a sample of 277 first born-immigrant mothers (≥ 18 years) with children (ages 9-24years) living in the US (recruited using Amazon Mechanical Turk). Statistical analysis was done using SPSS computer software version 27.

Results: Of the 277 participants, 52.3% have a college degree and about 52% are comfortable speaking English. A great majority of first-born immigrant mothers (62.5%) have ever heard of the HPV vaccine and 43.7% have actually gotten the vaccine for themselves. Despite this, only 24.4% have given the three recommended doses to their children. Also, 43.7% of the respondents feel uncertain that they may know enough about the vaccine to make a decision, while the majority of them (99%) want to know the long-term side effects of the vaccine. Preliminary results related to the predictors of HPV vaccination among foreign-born immigrant mothers (including the relationship between cultural factors and vaccination uptake) will also be presented.

Discussion: Overall, a good number of the surveyed women have some knowledge about HPV and HPV vaccine. However, this does not translate into full vaccine uptake in this population despite observed high educational attainment. Successful HPV vaccination interventions in a country with diverse cultures such as the U.S. require strategic planning, defined target populations, and tailored health messages to be beneficial to these multi-cultural demographics.

Knowledge and Beliefs about Cannabidiol (CBD)

Sarah Bencivenga, University of Illinois at Urbana-Champaign

A recent study found that people report using Cannabidiol (CBD) to treat a variety of diagnosable health conditions that have evidence-based therapies (Leas et al., 2020), but questions about the overall safety of these products still remain. Unregulated CBD products may contain pesticides, heavy metals, and synthetic materials (Hazenkamp, 2018; Horth et al., 2018), and can interfere with blood pressure, gastrointestinal processes, and liver functioning (White, 2019). Given that numerous of products are available, along with unproven assertions of health benefits (Whiting et al., 2015), studies that investigate knowledge and perceptions about CBD are needed.

To address this need, an online mixed-method survey was conducted via Qualtrics to gauge individuals' attitudes, beliefs, knowledge, and behavior about CBD. After gaining IRB approval, participants were recruited using email and social media. Data was collected between July and November 2020 using a snowball sample technique. 124 participants completed the survey. The sample consisted of a majority female (61.6%), non-Hispanic (79.2%), White (71.2%), and averaged an age of 27.84. The results of this pilot study demonstrate practical findings for health and risk communication scholarship.

First, using a cross-tabulation, 73.3% (n=60) college-student participants reported that they were not sure about their campus policy regarding CBD. This suggests that colleges and universities need to clarify and more clearly communicate policy surrounding CBD possession and usage on campuses. Second, an adapted 21-item health-literacy measure was given, where a score of 84 is the highest possible and indicates a high health-literacy (Shreffler-Grant et al., 2014). This survey found that participants averaged a CBD health literacy score of 49 (SD=3.66), regardless of educational background. Additionally, 56% of people surveyed reported that they have used CBD in the past and 24% reported that using CBD resulted in worsened or an unsuccessful attempt for their purposes. A seeking and scanning measure (Kelly et al., 2010) revealed that 47.2% of respondents have actively looked for information about CBD. The scanning analysis reveals that people have come across CBD more than once on social media (56.8%), in stores (48%), from friends (64.8%), and advertisements (40.8%). The qualitative items asked about if people have heard anything about the risks and benefits of CBD. 76.5% of respondents reported that they are aware of little to no risk involved with CBD.

These findings underscore the need for timely research that examines messages about the risk and unverified health claims about CBD that are circulating online and interpersonally. Considering the persuasiveness of messages about health information (Dahlstrom, 2014), a product such as CBD that has a wide assertion of health claims and unregulated products (White, 2019) warrants investigation. This project adds to the scant body of literature on communication about CBD and aims to inform risk and health communication strategies.

Marijuana health knowledge, law knowledge, and confidence in knowledge as risk factors of marijuana use among college students

**Sung-Yeon Park, School of Community Health Sciences, University of Nevada,
Reno, Claire Youngnyo Joa, Department of Arts & Media, Louisiana State University
Shreveport Gi Woong Yun, Reynolds School of Journalism, University of Nevada, Reno
Nora Constantino, School of Community Health Sciences, University of Nevada, Reno**

Marijuana use on U.S. college campuses is the highest since the 1980s (Schulenberg et al., 2019). Although researchers have investigated a wide range of risk factors associated with marijuana use among college students, relatively little attention has been paid to the factors that are particularly relevant to the changing legal status of marijuana in the U.S. Because knowledge and confidence in knowledge are related to changing marijuana laws (Brooks-Russell et al., 2017) and questionable information sources used by college students (Park & Holody, 2018), we examined their relationships with marijuana use. To identify where the knowledge and confidence in knowledge might come from, several marijuana information sources were also included in the model.

Cross-sectional survey responses from 249 students in a state where recreational marijuana was legal were analyzed by structural equation modeling. The conceptual model tested consisted of paths between (1) information scanning from seven different sources, i.e., parent, sibling, internet, friend, news media, social media, and education/science, (2) marijuana health knowledge, law knowledge, and confidence in knowledge, (3) perceived risk and peer disapproval, and (4) marijuana use. Age and gender were introduced into the model as control variables.

The model generated a goodness of fit, $\chi^2(313, N = 237) = 526.86, p < .001, CFI = .930, TLI = .916, RMSEA = .054, SRMR = .067$. In the model, health knowledge was positively related to perceived risk whereas law knowledge and confidence in knowledge were negatively related to perceived risk. Perceived risk, in turn, was negatively related to marijuana use. In addition, confidence in knowledge was negatively related to peer disapproval which was positively related to perceived risk. Confidence in knowledge also had a direct positive relationship with marijuana use. Furthermore, positive relations were observed between confidence in knowledge and law knowledge and between peer disapproval and risk.

Among various information sources, information scanning—running into marijuana-related information passively rather than actively and purposefully pursuing it—from peers was the most important, contributing to lower health knowledge and higher confidence in knowledge. In addition, information scanning from parents was related to lower perceived risk whereas information scanning from the internet was related to higher perceived risk. These findings indicate the needs for future studies to define “internet” more clearly and collect longitudinal panel data to ascertain causal relationships among the variables in this model.

This study demonstrated the central roles confidence in knowledge play in the psychological process that leads to college students’ marijuana use. The almost opposite relationships of marijuana health and law knowledge with other risk factors call for a more refined approach in investigating the role of knowledge in facilitating or curtailing health risk behaviors. Because health and law knowledge and confidence in knowledge have unique potential to advance our understanding of college students’ marijuana use in the rapidly changing marijuana regulatory environment, continued research concerning these constructs will help us understand the psychological mechanism better and identify optimal points of intervention.

Media Effects on Obesity-Related Health Behavior: Application of Cultivation Theory

**Sue Lim, University of Wisconsin-Milwaukee
Xiaoxia Cao, University of Wisconsin-Milwaukee**

This study evaluates the effects of obesity-related news messages on health attitudes and behaviors of overweight and obese individuals utilizing Cultivation Theory as the framework. The World Health Organization (WHO) officially recognized obesity as an epidemic in 1997 (Malik et al., 2013). Ever since then, health literature has shown the detrimental effects of obesity on individuals and the economy. For one thing, excess body weight can lead to shortened life expectancy, diabetes, heart and vascular diseases, cancer, infections, and mental illness. Epidemiologists estimate that the cost of treating obesity and obesity related health conditions is about \$190 billion per year (Hruby & Hu, 2015). Increasing number of public health officials have called for more effective obesity prevention and intervention efforts.

Much of the existing obesity interventions emphasize weight loss. These interventions focusing on weight, as well as negative media portrayals of overweight and obese individuals, have led to weight stigma. Weight stigma refers to the commonly believed idea that overweight and obese individuals lack self-discipline and are unintelligent. This bias often leads to covert discrimination in an individual's life. Though some have suggested stigma as an effective motivator for weight loss, literature in the last decade has found it counterproductive. Puhl and Heuer (2010) showed that weight stigma can lead to psychological distress in overweight and obese individuals, causing binge eating and sedentary behavior as coping strategies. Weight stigma can also lead people to lose weight quickly through excessive dieting and then regain more weight than previously lost. There is a need for methods that reduce stigma while encouraging healthy behavior.

Existing literature maintains that news' framing of obesity contributed to weight stigma. Gearhart et al. (2012) found that news coverage of obesity emphasized health risks (e.g. chronic illnesses) and prevention methods (e.g. healthy eating) the most. These messages send an incomplete picture of obesity, minimizing the role of genetics, environment, and the food industry. Puhl et al. (2013) showed that many online news videos featured headless images of overweight and obese individuals, emphasizing their stomach and rear area. In addition, the videos often portrayed these individuals engaging in unhealthy lifestyle. Though a few recent studies argue that news has improved in presenting obesity in a less stigmatizing manner, there is a large gap in literature regarding the effect of these varying types of messages on overweight and obese individuals.

My study seeks to help fill this gap by evaluating the relationship among news video messages, viewers' attitude toward health and weight, and the intention to engage in healthier lifestyle. This research uses experimental design methods to evaluate the effects of three sets of clips uploaded by news channels on Youtube. The control group will watch a clip that is completely unrelated to obesity and weight. The first treatment group will watch two clips focusing on weight loss. The second treatment group will watch two clips arguing for the importance of health at all sizes. The results of this research offer significant theoretical and practical implications in health communication.

Media Framing of New Front-of-Package Food Labeling Policy in Mexican Newspapers

**Victoria Campos Gatica, University of California
Merced, Denise D. Payán, University of California
Merced, Kesia Garibay, University of California
Merced, Yolanda Merino Salmeron, University of California
Merced, Susana Ramírez, University of California, Merced**

Background. In early 2020, Mexico enacted the world's strictest junk food labeling law. Intended to curb the country's dual epidemics of obesity and diabetes – referred to colloquially in public health circles as “diabesity” – the law's multiple components target the multinational food industry. Described as deceptive and predatory, industrial food marketing in Mexico has been a leading contributor to the country's staggering rates of obesity. While public health advocates have increasingly recommended policy-based approaches to obesity prevention, policies that affect marketing and sales of junk foods have narrowly and controversially focused on taxation. For example, Mexico was the first country to introduce a tax on sugar-sweetened beverages; controversial at the outset, the law has had demonstrable public health impact and is now internationally-acclaimed and has been imitated around the world. Yet other policy approaches have lagged. Food labeling as a strategy has only recently—and primarily in Latin America—gained currency as a viable approach. In 2019, Mexican legislators introduced a new policy mandating strict front-of-package labeling of processed foods (“junk food warning labels”). The labels are meant to benefit consumers by providing nutritional information that is easy to understand, and the updated nutrition standards underpinning the labels are meant to encourage corporations to reformulate products. The food label law further mandates limits on marketing of labeled products to children and around school zones. Despite predictable resistance from industry, the law went into effect in October 2020.

Aim. We examined portrayals of the proposed food labeling policy in Mexican newspapers. We pay particular attention to the extent to which industry and public health advocates' arguments were represented across key moments in the policy process, from its inception and introduction to Congress through the public comment period and presidential approval, and through the court challenges made by industry.

Methods. A quantitative content analysis of four Mexican newspapers representing the center-left and center-right political opinions. We used Lexis Nexis to identify all articles from January 1, 2019 – March 31, 2020 that discussed the proposed law using the search term “etiquetado” [“label”] (N=361). We then coded for key features of the articles (type of article, length, section) and for substantive aspects of the article: the types of evidence and sources cited, dominant frame, and type of argument.

Results & Discussion: Coverage of the food label policy was primarily in the main news (national, economic/financial) sections of the papers (94%), with some opinion pieces (2%) written by industry or public health advocates. Public health arguments in favor of the label policy were more prevalent than industry opposition; opposition to the labels focused on negative economic impacts and the lack of scientific evidence for their use. The relative absence of industry in news coverage was somewhat surprising given the power they exert over Mexican government; we discuss potential reasons for this conspicuous absence. Future research will examine the strategies industry did use to fight the new food label policy as well as strategies advocates employed to frame issue and get it on the public agenda.

Media use and interpersonal health communication: a test of substitution in cancer screening behaviors

Courtney A. Fitz Gerald, University of New Mexico

Cancer remains a leading cause of death in the United States and the CDC recommends routine cancer screening for adults starting at age 50 because early detection reduces the likelihood of dying from cancer (CDC, 2020). Health communication scholars have studied whether interpersonal health communication (IPHC) and media messages increase cancer screening behaviors, with mixed results. In one study, mass media campaigns were found to increase rates of cervical and breast cancer screening, but not colorectal cancer screening (Wakefield, Loken, and Hornik, 2010). Ogata Jones et al. (2006) found that IPHC was more salient for college-aged women while mass media campaigns increased screening behaviors among middle-aged women, and Yoo et al. (2013) found that both IPHC and media use influenced perceived threat of colorectal cancer among participants but did not result in increased screening. Personal and screening factors may affect where people seek health information.

The present study follows on CJ Lee's (2009) research that demonstrated an interaction between media use and IPHC for healthy lifestyle behaviors. Uses and gratification theory posits that individuals actively engage with media sources in order to satisfy specific needs. Surveillance gratification needs are satisfied by seeking and obtaining information either from media or interpersonal sources. Once the need for information is satisfied, people stop seeking new information and are less likely to attend to or engage with new messages. Thus, according to the substitution model, if a sufficient level of information is attained through interpersonal communication, people will be less likely to seek additional information from media, and vice-versa.

Using data from the Annenberg National Health Communication Survey (ANHCS), this study examines whether media use for health information interacts with IPHC within the context of cancer screening behaviors among US adults aged 50 years and older. I anticipated that media use for health information and IPHC would both be associated with mammogram for women, prostate specific antigens (PSA) test for men, and colonoscopy for both. In keeping with the substitution model, I further hypothesized that effects of media use for health information on cancer screening behavior would be stronger for both women and men with low levels of IPHC than for those with high levels of IPHC.

Results indicate differences in media use and IPHC by type of cancer screening, type of media used, and by participant gender. Print media use was associated with higher odds colonoscopy and mammogram, while internet use was negatively associated with both. Only television was (negatively) associated with PSA screening. Participants with more IPHC had 10% higher odds of having a colonoscopy and women had 20% higher odds of having a mammogram compared to those with less IPHC. However, odds of having PSA test based on IPHC were not different. In addition, I found an interaction effect between IPHC and internet use among men, wherein internet use had a stronger association with colorectal and PSA cancer screening behaviors among men who engaged in less IPHC. Implications for health communication strategies to increase screening behaviors are discussed.

Medical and Nursing Students' Perceptions of Extended Breastfeeding: An Exploratory Study

Joanne Goldbort, Michigan State University College of Nursing

Jie Zhuang, Texas Christian University

Rose Hitt, Albany College of Pharmacy & Health Sciences

Background & Rationale: Although health benefits of breastfeeding to both mother and child have been documented, and many efforts have been made to promote breastfeeding, extended breastfeeding (beyond 12-months) research has been largely overlooked. Agencies including the World Health Organization, the CDC, and the AAP recommend exclusive breastfeeding for six months and breastfeeding with complementary solid food up to age two years or beyond. The CDC (2016) concludes that to extend the duration of breastfeeding, support from a woman's social network is critical. Tchacanos, et al. (2018) report that women are hesitant to discuss their extended breastfeeding with healthcare providers and that many women receive disapproval and unsupportive feedback from their pediatricians and family doctors. Dowling and Brown (2013) suggest the need for targeting healthcare professionals to normalize extended breastfeeding. Furthermore, family doctors, pediatricians, and nurses may not be equipped to provide medical advice on breastfeeding generally, and extended breastfeeding specifically (Clifford, Dip, & McIntyre, 2008). Together, these findings suggest the need to examine how knowledgeable medical and nursing students are about extended breastfeeding, how they perceive it, and how they are likely to discuss it with their prospective patients as future professionals.

Theoretical Framework, Research Questions, and Hypotheses: This study was guided by the Framework of Integrative Normative Influences on Stigma, which suggests that cognitive and affective factors predict three areas of stigma: stigmatizing attitudes, stigmatizing behavioral predisposition, and stigmatizing behavior. The research questions assessed medical and nursing students' knowledge (RQ 1), attitudes (RQs 2-3), emotional responses (RQ4), and stigma of extended breastfeeding (RQ5). The four hypotheses examined the relationships among the cognitive (knowledge), affective (discomfort and embarrassment), and stigmatizing outcomes (attitudes, behavioral predispositions, and behavior).

Method: One hundred and sixteen medical and nursing students at a large mid-western university completed an online survey. Participants answered questions to assess knowledge, attitudes, emotional reactions, stigma of extended breastfeeding at different ages, and intention to encourage future patients to wean.

Results: For the research questions, participants lacked knowledge about extended breastfeeding (RQ1); on average they answered half of the knowledge questions correctly. While attitudes were positive for breastfeeding up to one year (RQ2), they diminished as the child's age increased (RQ3). They did not have negative emotional responses (RQ4). For stigma, participants thought negatively of breastfeeding beyond 12 months (RQ5). Hierarchical linear regressions were conducted for the hypotheses. For hypothesis 1, inaccurate knowledge and negative emotional responses predicted negative attitudes for breastfeeding at 1-2 years old. For hypothesis 2, negative emotions predicted negative attitude. For hypothesis 3, lack of knowledge and negative emotions predicted stigma of extended breastfeeding, and for hypothesis 4, stigma of extended breastfeeding predicted intention to encourage the mother to wean.

Discussion: Addressing lack of knowledge, reducing stigma of extended breastfeeding, and fortifying positive attitudes in pre-healthcare students' curriculum may help improve their ability to have conversations with future patients, potentially improving how comfortable women are speaking with providers about extended breastfeeding. For example, training could address health benefits and how it is more common in other countries.

Medical concepts in "plain English"? A study of health literacy of international university students

**Amjad Alghamdi, University of Jeddah, George Mason University, Marymount University
Julia Kish-Doto, Marymount University**

Health literacy is a vital skill for everyone especially since we, as a society in a pandemic, are now faced with a tremendous amount of health information that requires a certain level of fundamental and scientific understanding. Census data indicates that one in five Americans speaks a language other than English at home. Language barriers impact cultural literacy and may leave limited-English speakers at risk for COVID-19 in situations of confusion or without appropriate care during the pandemic. Poor health literacy coupled with language barriers can contribute to health inequities among some groups. Navigating the healthcare system and gaining access to services can be complicated for U.S. born individuals, let alone those not-native to the U.S. International student numbers have increased rapidly in the last two decades over the globe. International students are susceptible to lower levels of health literacy than other students due to cultural differences and their spoken languages. The objective of this quantitative study was to measure international students' levels of health literacy and develop recommendations for improving their ability to address and navigate the U.S. healthcare system. We compared health literacy levels of 1) international university students compared to their domestic counterparts and 2) international students seeking a health professions degree compared to domestic students seeking the same degree. We used two previously validated health literacy scales, The General Health Numeracy [GHNT-6] questionnaire and The Health Literacy Assessment Scale for Adolescents [HAS-A], to assess levels of health literacy (comprehension, numeracy, information seeking, and application/function) along with additional questions to measure the use of health care facilities. Our study was reviewed by the university's Institutional Review Board prior to the implementation. Data collection occurred in the Spring of 2020. A total of 42 participated; 17 (40%) domestic students and 25 (59%) international students. We conducted descriptive statistics, t-tests, and Chi Square tests. The results showed differences between domestic and international students with respect to health literacy. International students had lower health literacy and numeracy levels on both the HAS-A and the GHNT-6 overall and within the health majors (p -value ≤ 0.05). Regardless of major, there was a strong correlation between the first language of a participant and his/her health literacy and numeracy levels. Moreover, this study found international students had difficulty assessing when to choose between Emergency departments and urgent health care centers when feeling ill. In regard to the HAS-A, international students seeking a health major scored higher on functioning, on confusion, and slightly lower on communication. There was no difference in overall university health-majors' versus non-health students in the GHNT. However, health-majors scored lower on the functional test and higher on the confusion and communication scales than non-health majors. This study indicates the importance of increasing health literacy efforts in academic instruction and at university health centers to meet the needs of international students, especially those seeking a health degree, to help them navigate the healthcare system and to help them make sound health-related decisions.

Menstrual health stigma in the United States: communication complexities and implications for communication theory and practice

Allison Casola, Dept. of Family and Community Medicine, Thomas Jefferson University, Philadelphia, PA,

Brianna Kunes, Sidney Kimmel Medical College, Thomas Jefferson University, Philadelphia, PA,

Amy Henderson Riley, Jefferson College of Population Health, Thomas Jefferson University, Philadelphia, PA

Menstruation is a biological marker of health and wellness. While menstruation has gained attention in the global health communication sphere, little focus has been devoted to the United States (U.S.), where menstruation has been, and remains, a taboo, stigmatized topic (Johnston-Robledo & Chrisler, 2013). Menstrual stigma persists across the lifespan and leaves many menstruators embarrassed by their menstrual cycle (Jackson and Falmagne, 2013) and reluctant to discuss and address menstrual health and hygiene concerns and/or needs with their social network and even healthcare provider (Fredericks, 2014). This is acutely concerning, as feelings of menstrual stigma, shame, and discomfort may prevent one from pursuing menstrual health consultations and interventions (Fredericks, 2014). Delays in menstruation-related healthcare may ultimately lead to more severe disease and limited treatment options (Fredericks, 2014). Thus, to improve the menstrual health experiences and day-to-day quality of life for menstruators, we need to begin by understanding how menstrual health stigma and communication complexities persist across social-ecological networks. Therefore, we apply the social-ecological model to examine the intrapersonal, interpersonal, and societal concepts that affect menstrual stigma and communication in the U.S.

Intrapersonally, menstrual health communication may be limited by conditioned self-silencing. Self-silencing works to keep the voices of menstruators silent in favor of others' comfort and expectations (Jack, 1991) and creates or reinforces a spiral of silence (Noelle-Neumann, 1974). Conditioned self-silencing begins at an early age, as many young people are subliminally taught that periods are the antithesis of cleanliness and attractiveness, and subsequently seek to hide their cycle (Johnston-Robledo & Chrisler, 2013). Interpersonally, stigma surrounding menstruation provides ample opportunity for avoidance of conversations (Rubinsky, Gunning, & Cooke-Jackson, 2018). Uneasy feelings and general stigma may be driven by limited menstrual health knowledge. Most menstruators learn about menstruation from their mothers and peers – who may also be victims of internalized menstrual stigma and shame, thus perpetuating a cycle of limited, or inaccurate, information sharing (Farage, Miller, & Davis, 2011).

Societally, many menstruators do not feel comfortable or trust the healthcare system enough to discuss their menstrual health. This is the same healthcare system that repeatedly displays, and employs people that continually display, direct and indirect discrimination toward indigenous people and people of color, thus exacerbating menstrual health disparities.

To normalize menstrual experiences and decrease the stigma surrounding menstruation, we must begin a conversation about menstruation in the U.S. – from individual-level factors to community-level social norms – both in and out of the exam room. Menstrual health communication is multi-layered and complex- consisting of compounded generational stigma, deep rooted shame, and a lack of proper education and training. Promoting open communication about menstrual literacy, experiences, attitudes, views, and hygiene needs can serve as the first step in normalizing menstruation. Although mass media largely contributes to menstrual stigma through advertisements promoting the concealment, inconvenience, and shame of menstruation (Johnston-Robledo & Chrisler, 2013), new technology (e.g. mhealth apps) could be a useful menstrual health information vehicle. Overall, decreasing menstruation-related stigma, promoting bodily self-esteem, comfort, and confidence can ultimately improve wellness.

Mental Health Communication During the COVID-19 Pandemic and the Accessibility of Online Social Support

Brandon M. Walling, Michigan State University

The COVID-19 pandemic has proven to be a distressful experience for all – worsening the symptoms of mental illness experienced by many on a daily basis before the global virus took over, and also triggering the onset of mental health struggles for many. Findings in interpersonal and health communication have made it clear that disclosing sensitive information, like about experiences with mental illness, leaves disclosers feeling vulnerable (Petronio, 2002). Because of the range of different disclosure strategies available and the risk associated with the range of different disclosure outcomes (Afifi & Steuber, 2009; Chaudoir & Fisher, 2010; Choi et al., 2015; Greene, 2009; Venetis et al., 2017), it is difficult for individuals that experience symptoms of mental illness to disclose (Thompson, Pulido, & Caban, 2020). Disclosing sensitive information, however, is an effective means of obtaining social support when responses are positive (Collins & Feeney, 2000; Horowitz et al., 2000; Velez et al., 2016).

As the internet has become more accessible than ever, research has shown that a large number of people use the Internet to access social support via online communities (Wang et al., 2015; Yip, 2019). Features of the online environment, like asynchrony, convenience, and anonymity, lead to increased disclosure and facilitation of social support in online settings compared to face-to-face, and that using the Internet for social support can be a means for coping to increase positive health outcomes, like decreased depression (Mehta & Ateja, 2015; Rains & Young, 2009).

During the COVID-19 pandemic, research has explored the effects of forced social isolation on mental health (Kato, Sartorius, & Shinfuku, 2020; Russell & St. James, 2020). Specifically, recent studies have explored disclosure about mental health specifically related to the COVID-19 pandemic to examine the likelihood for individuals to seek support online versus in-person (Li & Leung, 2020) and findings from health communication have led to the prioritization of empathy in response to the pandemic in order to encourage disclosures about mental health (Ihm & Lee, 2020; Mackert, et al., 2020). These findings support the literature in that individuals report turning to online support networks in order to cope with the ongoing distress associated with the global outbreak. The current study explores the use of online support networks, examining individuals' likelihood to disclose symptoms of mental health, specifically related to the COVID-19 context, and compares different strategies used and the range of outcomes in response to disclosure and support-seeking.

Data collection is ongoing with undergraduate University students from a large Midwestern University. Measures include the prevalence of symptoms related to depression and other mental illness indicators before and during the pandemic, as well as attitudes, behavioral intention, and self-reported behaviors about seeking social support, disclosure, and mental health, specific to the COVID-19 pandemic, and in general. Preliminary findings extend research in mental health communication and online social support networks, and implications are presented for interpersonal and health communication.

Misinformation correction strategies to facilitate mask wearing and information seeking intentions during the COVID-19 crisis

**Sojung Kim, George Mason University
Porismita Borah, Washington State University
Ying Chia (Louise) Hsu, Washington State University**

As of December 1, 2020, there are 62,662,181 confirmed cases and 1,460,223 confirmed deaths of COVID-19 worldwide (WHO, 2020). As a way to protect individuals and slow the spread of COVID-19, the Centers for Disease Control and Prevention (CDC) has urged the U.S. public to use cloth face masks (CDC, 2020). Misinformation surrounding this public health crisis, however, has rapidly increased as social media and the internet promote and endorse myths and conspiracies about COVID-19 and its social distancing and mask wearing safety guidelines (Dolan, 2020).

As an effort to combat such misinformation, this study applies an exemplification theory (Zillmann et al., 1996) and perceived personal relevance framework (Dunwoody & Neuwirth, 1991) to develop and test COVID-19 misinformation correction messages on Facebook. The exemplification theory argues that two types of information – base-rate (e.g., statistics) and exemplars – can be incorporated in a story to effectively convey information: the base-rate information refers to as numbers or things that represent the current state of an issue while exemplars indicate personal anecdotes related to the issue at hand. The perceived personal relevance framework states that people respond and connect to a message better to engage in promoted behavior change when the message is more personally relevant.

To investigate the applicability of these theories to the COVID-19 misinformation correction messages, this study hired a research firm, Lucid, to employ a 2 (statistics vs personal anecdote) X 2 (you vs. others) online experiment. Misinformation about face mask wearing (“Masks Do NOT protect you... You can get hypercapnia...and reduced oxygen from wearing masks...”) was presented in an original Facebook post, followed by a manipulated correction message as a reply comment. The data collection took around two weeks from July 31 to August 13, 2020 targeting the U.S. public. The final sample size was 488 and participants were 45 % male, 41.5 % conservative, 44.4 % Republican, 76 % White, and 76.8 % of those who with college degree. The mean age was 44.94 years old.

The results showed that in the case of females, the correction message that emphasized the community benefits of wearing masks with personal stories facilitated further COVID-19 information seeking intention than the correction that focused on the self benefits with personal stories. As for mask wearing intentions, the same relationship was confirmed but regardless of the gender difference. In terms of interactions with political party affiliation and experimental condition, Democrats were more likely to seek out further information about COVID-19 than Republicans, regardless of different types of correction messages. For mask wearing intentions, Democrats were more willing to wear face masks than Republicans, and the correction message with personal stories emphasizing the community benefits was more effective than the message emphasizing only the self benefits of wearing masks. The study findings indicate that the results are mostly consistent with the theoretical frameworks used but the unique nature of the COVID-19 pandemic should also be considered when providing evidence-based misinformation correction messaging strategies.

“Most doctors seem to know less than we do”: COVID-19 Long-haulers’ Perspectives on Doctors and Doctors’ Communication

Charee M. Thompson, University of Illinois, Urbana-Champaign

Kayla Rhidenour, Baylor University

Kate Blackburn, University of Texas at Austin

Lauren Weissman, University of Illinois, Urbana-Champaign

Yonas Seyid, University of Illinois, Urbana-Champaign

Ashley Barrett, Baylor University

Although COVID-19 mortality rates have declined since the pandemic began, a startling number of individuals are suffering from long-term effects, or what is called “long COVID” or “post-COVID syndrome.” Known as COVID-19 “long-haulers” and “long-termers,” these individuals comprise up to 35% of those who have had COVID-19 (Fauci, as cited in Strazewski, 2020). While there are many theories for post-COVID syndrome, there are few answers or efficacious treatments. Long-haulers have been organizing in online spaces since the beginning, turning to each other for support and even studying themselves. As doctors are critical partners in managing uncertainty surrounding long COVID, and because they provide access to needed health care, our research question was: How do COVID long-haulers talk about doctors?

As part of a larger study of long-haulers on the social media site Reddit, we utilized a text analysis approach called the Meaning Extraction Method (see Chung & Pennebaker, 2008) to identify groups of words that mathematically group together across a number of text observations. We employed the Meaning Extraction Helper, a program that was created as an automated companion tool MEM (see Boyd, 2019), to assist in analyzing our large amount of organic text. Authors used Reddit’s open source application programming interface (API) to extract the entire textual history of the newly formed longhauler subreddit, starting with its creation date, July 24th, 2020 until October 11th, 2020, when analyses began. We extracted 12,311 text observations. After standard cleaning procedures (e.g., word count criterion ($WC \geq 25$)), we selected only those text observations with some permutation of “doctor.” Three of the authors read through all 1,160 of these text observations and met over the course of two months to develop themes.

We identified three themes. The first theme captured the protracted process of seeing many doctors and concluding that they are just as uncertain as long-haulers. One Reddit user shared, “...nobody knows why we are having these symptoms, especially if every single test comes back normal.” The second theme captured issues of credibility, with some long-haulers describing themselves as the medical experts (e.g., “Most doctors seem to know less than we do”) while others deferred to doctors (e.g., “Best to talk to your doctor”). Finally, the third theme captured characterizations of (un)helpful interactions. Many felt doctors minimized or psychologized their symptoms, for example, “the most stressed part is having to deal with dumb doctors who dismiss all your symptoms as in your head.” Conversely, some long-haulers described theirs as “a doctor that does both listen and act upon what you say.”

Overall, we observed that long-haulers described a difficult and uncertain path to find answers and positive but mostly negative experiences with doctors. Long-haulers varied in their attributions of doctors’ communication, with some expressing frustration that doctors were not responsive, and others acknowledging that a lack of medical knowledge more broadly limited doctors’ ability to provide care. Findings suggest that long-haulers need most to be believed, and for doctors to continue trying to help them find answers.

Mother-Daughter HPV Vaccine Communication Scale

Samantha Garcia, UC Irvine
Suellen Hopfer, UC Irvine

Introduction: Human Papillomavirus (HPV)-associated cancers disproportionately affect Latinas and young adult Latinas have lower HPV vaccine initiation and uptake rates compared to their non-Latina counterparts (Veins, 2016; CDC, 2016). Formative research has documented mother's communication regarding HPV vaccine hesitancy may play an important role in Latina young adults' decision to not vaccinate (Hopfer et al., 2017). There is a need to better measure mother-daughter (MD) communication surrounding HPV vaccinations that permit future studies to empirically test important drivers of HPV vaccine hesitancy among disproportionately affected populations.

Methods: A secondary analysis was conducted from a cross-sectional survey of college women (18 to 26 years old) conducted in fall of 2008. Of the 404 survey responses, a total of N=214 indicated they had spoken to their mother about HPV vaccination and were included in the analysis. Confirmatory Factor Analysis of 7 items was performed to identify a one-factor latent construct of MD HPV communication. Variables with missing data (<4%) were handled using full information maximum likelihood estimation. Internal consistency was evaluated using Cronbach's alpha. Model fit was assessed using root mean squared error approximation (RMSEA), comparative fit index (CFI) and Tucker-Lewis Index (TLI) values. Goodness of fit was evaluated using R-squared.

Results: The 7-item MD HPV Vaccine Communication Scale showed good internal consistency ($\alpha=0.87$) and good model fit with CFI=0.95 and TLI=0.92. However, RMSEA=0.11 suggest results should be interpreted with caution. Approximately 89% of the variance in MD HPV Vaccine Communication were explained by the 7 items.

Discussion: Advantages of the MD HPV Vaccine Communication Scale are that it captures implicit and explicit mother-to-daughter communication about HPV vaccinations and encompass communication about top reasons mother's refuse vaccine for their children (i.e., safety and sexual behavior). This measure provides an important foundation needed to further explore HPV vaccine hesitancy among Latina young adults.

Nationwide Media Coverage of State and Local COVID-19 Responses: Community Structure Theory and a “Violated Way of Life”

Amanda Crowley, The College of New Jersey
Radhika Purandare, The College of New Jersey
Abigail Lewis, The College of New Jersey
Alexis Marta, The College of New Jersey
Suchir Govindarajan, The College of New Jersey
James N. Sparano, The College of New Jersey
John C. Pollock, The College of New Jersey

Community structure analysis (Pollock, 2007, 2013a, 2013b, 2015) compared city characteristics and newspaper coverage of state/local government responses to COVID-19 in 25 major U.S. cities, analyzing articles of 250+ words from 04/04/20 to 07/06/20. The resulting 588 articles were coded for “prominence” and “direction” (favorable, unfavorable, balanced/neutral coverage of state/local government responses to COVID-19), and combined into composite “Media Vector” scores for each newspaper (range = 0.3552 to -0.5197, or 0.8749). Twenty-one of 25 newspapers (84%) displayed unfavorable coverage of state/local COVID-19 responses.

Pearson correlations and regression analysis confirmed a robust “violated way of life” pattern, which occurs when a community or group perceives itself threatened by a “biological threat or a threat to a cherished way of life” (Pollock, 2007, pp. 101-136). Political and belief system polarization—in particular, percent Evangelical ($r = -0.563$, $p = 0.002$) and percent voting Republican ($r = -0.474$, $p = 0.008$)—were strongly associated with unfavorable coverage of state/local pandemic responses and together accounted for 67% of the variance (Evangelical, 51.8%; Republican, 14.8%), compared to more favorable responses linked significantly to percent voting Democratic ($r = 0.434$, $p = 0.015$), -- only 3.8% of the variance, or “directionally” to percent Catholic ($r = 0.305$, $p = 0.069$).

Two measures of vulnerability were linked to negative coverage of state/local COVID-19 responses: families with children under age six ($r = -0.424$, $p = 0.019$); and percent uninsured ($r = -0.532$, $p = 0.003$). Conversely, two measures of access to healthcare -- percent municipal spending on health and welfare ($r = 0.439$, $p = 0.014$) and physicians/100,000 ($r = 0.392$, $p = 0.044$) -- were significantly linked to favorable coverage. This polarization pattern is consistent with a previous study of U.S. nationwide newspaper coverage of federal responses to the pandemic from late January to early April, 2020 (Pollock et al., 2020).

COVID-19—and the resultant state and local government restrictions on business and recreation—have dramatically altered the everyday lives of Americans. This disruption, or “violated way of life,” may explain unfavorable coverage of state/local pandemic responses in cities with greater populations of those voting Republican and Evangelicals. These groups, which tend to favor traditional values and negatively perceive government intervention as an encroachment on personal freedom, may feel threatened by a perceived excess of government control. These findings are consistent with previous community structure research in which Evangelicals were associated with conservative positions on same-sex marriage (Vales, et al., 2014, 2015) and transgender rights (Pollock, Buonauro, et al., 2017).

Empirically, newspaper coverage of state/local pandemic responses can be associated with a “violated way of life” pattern, with multiple indicators of political and belief system polarization, in particular among Evangelicals and Republicans, linked closely to variations in newspaper coverage. From a theoretical perspective, this study of state/local responses to COVID-19 confirmed empirical findings by one of the founders of “agenda-setting” theory, urging that agenda-setting’s “top-down” perspective be robustly complemented by the “bottom-up” viewpoint of community structure theory’s indicators of community-level demographics (Funk & McCombs, 2017).

Negotiating desire and boundaries on dating apps during the COVID-19 pandemic: Implications for the transformation of sexual health communication

Carey Noland, Northeastern University

Sexual practices of single young adults have changed dramatically since the COVID-19 pandemic began. Because bars and party venues have closed or limited capacity due to the pandemic many people have turned to dating apps such as Tinder. Consequently, there has been a sharp uptick in the number of exchanges and the length of these interactions. The COVID-19 pandemic has served to amplify previous behaviors and communication between potential sexual partners on Tinder. The formation of new communication scripts emerged as well. By and large the decision to hookup pre-pandemic only impacted the two individuals who hooked up, but during COVID-19 hooking up carries more extensive implications. There are more factors that individuals must consider and communicate about when using apps to meet people and deciding whether or not meet face to face (FtF). This modification, however, assumes that a current rule structure or script exists, and this is unlikely during the time of COVID-19 as such a pandemic has not existed during the time of online dating. Thus, the following research questions were posed: How have college students using dating apps such as Tinder adapted their use during COVID-19? How are college students communicating about risk and boundaries regarding COVID-19 on dating apps?

The Institutional Review Board approved this study. A quantitative survey consisting of 10 demographic questions and 59 questions about communication on Tinder, personal beliefs about Tinder and how and why participants use Tinder was administered to 149 undergraduate students. Of the 149 people, 29 people said they were willing to be interviewed. 11 were selected at random, contacted, and interviewed via Zoom (audio recorded only). Results show that Tinder users are currently balancing the need for intimacy and physical connection with the desire for safety, both needs amplified due to COVID-19. Individuals are using social exchange theory to gauge whether the costs of remaining on Tinder or meeting someone FtF are worth the benefit.

Previous sexual scripts for Tinder users regarding first time FtF meetings have been modified as the traditional public spaces for meeting have been reduced or eliminated and replaced by private spaces. New scripts about health, sexual health, and infection transmission are entering into the conversations on dating apps and helping users decide if and when meet up FtF. The hope is that the skills people develop due to COVID-19 will remain with them and empower them to discuss, get tested for, and disclose STIs in the future. COVID-19 has made people more aware of their health in general, particularly pertaining to infections. Some positive outcomes of the COVID-19 pandemic might be the increase in skill, social acceptability, and comfort communicating boundaries, consent, and sexual health. In addition, it may decrease embarrassment around getting tested for infections and sharing test results, particularly on college campuses that are doing regular COVID-19 testing. Perhaps these topics will become more routine among college-aged adults and become ingrained in their everyday interactions dating online.

On the Frontline: A Community Based Participatory Research Approach in Understanding College Food Insecurity

Tyana Ellis, University of Alabama

Rationale: 12.3% of the U.S. population experiences food insecurity, making it a public health epidemic. Alarming, college students are experiencing food insecurity at rates ranging from 14.8% to 59%, nearly 5 times the national rate. This quantitative data is valuable but community voices and lived experiences are needed to truly address the issue. The purpose of this study was to serve as the first step in establishing a community-based project in addressing college food insecurity by using Community Based Participatory Research (CBPR). Community members who are considered to be on the frontline in combatting food insecurity at a large Southern university shared their knowledge, experiences, and opinions in order to create a starting point for the development of a sustainable food assistance initiative.

Methods: From conversations with community members, it became apparent that the office that oversees the food pantry serves as the main source of support for food insecure students. The office has 5 staff member that fill 3 different positions and the researcher interviewed one staff member from each position. Staff members first defined food insecurity and then were asked about their perceptions of food insecurity on the campus, their role in relation to the food pantry, stigma, the future of the food pantry, and what kind of research they would like to see conducted in the future. Interviews ranged from 15 – 32 minutes long and resulted in 25 single-spaced pages of transcripts. The author used an emergent thematic analysis to analyze the data.

Results: Across all interviews 3 themes emerged: publicity, surveying, and sustainability. Staff members do not believe they have been publicizing the food pantry as effectively as possible. They rely largely on verbal publicity, which is not a bad strategy, but with a small staff, it is a taxing and unrealistic way to depend on sharing information. Staff talked about getting faculty to talk to their classes about the food pantry and including information in their syllabi.

Surveying students to get an idea of how many students are food insecure and what their specific needs are was viewed as necessary in order to make the most out of the office's limited resources. Additionally, staff want to survey other University faculty/staff to see how well they understand food insecurity so that they know how to educate faculty/staff on how to effectively share the information with students. Finally, the issue of sustainability was salient as staff talked about a lack of support from administration and largely relying on student organizations and one outside donor.

Implications: Staff want and need to collaborate with other stakeholders within and outside of the University. Per recommendation of the office director, a key frontline stakeholder, the researcher will now move forward with interviewing students in order to assess both perceived and actual food insecurity. The office wants to have both numbers and student experiences as a means of directing their future endeavors and presenting information to administration. Staff also wants to bring students, staff, and administration together for conversations regarding food insecurity.

One Size Does Not Fit All: Use of Prosocial Appeals in Messages Designed to Promote Vaccination

Kinza Shah, University of Miami

Background: Vaccination functions as a powerful public health tool in the prevention and transmission of a disease (Clegg, Rininger, & Baldwin, 2013). However, the effectiveness of this tool is contingent upon individuals' decision to be vaccinated. In light of the COVID-19 pandemic, there are numerous concerns and hesitations surrounding vaccination due to psychological distress, the novelty of the disease, vaccine safety, and the propagation of misinformation (Morgul et al., 2020; Wang et al., 2020). The emotionally-charged nature of COVID-19 raises the need for vaccination education efforts to extend beyond mere acknowledgment of statistical information, incorporating emotions surrounding COVID-19 (Ferrer & Ellis, 2019; Morgul et al., 2020). According to the World Health Organization (2020), there may be merit in engaging positive emotions during COVID-19 by highlighting community ties and the collective aspiration to return to closer interactions after prolonged social distancing measures. Prosocial appeals, in particular, elicit positive emotions, serving to counteract negative emotions and vaccine hesitations (Van Bavel et al., 2020). Moreover, there is value in employing prosocial appeals in the promotion of health preventive behaviors (Betsch, Böhm & Korn, 2013; Li, Taylor, Atkins, Chapman, & Galvani, 2016).

Purpose: The goal of this work, then, is to examine the effectiveness of prosocial appeals to messages designed to increase vaccination intentions and uptake. Previous literature has indicated that employment of prosocial appeals in vaccination messages leads to an increase of necessary vaccination levels, consequently contributing to the eradication of a disease (Betsch et al., 2013; Li et al., 2016). Therefore, it is hypothesized that the use of prosocial appeals in messages is associated with greater intentions to vaccinate. While examining this relationship, it is also crucial to consider other potentially moderating factors. This leads to the research question, is the effect of prosocial appeals in messages moderated by the quality of the risk measure or the type of vaccination?

Method: Due to the recurring theme of the influence of prosocial appeals in vaccination decisions (Betsch et al., 2013; Li et al., 2016), as well as the need to rapidly develop COVID-19 vaccination efforts (Chou & Budenz, 2020), this study will employ a meta-analytic approach to establish greater consistency and empirical evidence on the use of prosocial appeals in vaccination efforts.

Applications: Altogether, this analysis will highlight the influence of eliciting positive emotions to achieve persuasive outcomes in health-related contexts (Heffner, Vives, & FeldmanHall, 2020). The findings from this review lend importance to both theoretical and practical applications. Theoretically, findings will demonstrate the use of eliciting positive emotions through prosocial appeals in order to encourage health preventive behaviors (Chou, & Budenz, 2020). Through a practical lens, this study's findings will support public health officials in the fight against today's global pandemic, providing effective messaging strategies in promoting vaccination (Heffner et al., 2020). The current pandemic necessitates rapidly developed and adaptable initiatives, stressing the urgent need to identify effective behavioral compliance messaging strategies in real-time (Chou, & Budenz, 2020).

“Out and about doing who-knows-what”: Uncertainty and Control amid Shifting COVID-19 Restrictions in the United States

Elizabeth Dalton, Middle Tennessee State University
Laura Miller, University of Tennessee Knoxville
Scott Eldredge, Western Carolina University
Ivanka Pjesivac, University of Georgia

In the current study, we sought to understand uncertainty surrounding COVID-19 as experienced by people during shifting pandemic restrictions in the summer of 2020. In-depth interviews with people living in the United States ($n = 27$) were conducted and qualitatively analyzed to examine the sources of COVID-19 related uncertainty and how people cope with that uncertainty. Summer 2020 was a critical timeframe in which to explore these questions, as people were negotiating their re-entrance into social life after months of isolation. While making decisions about who, when, and how to begin physically interacting with others outside of their household again, both illness and social uncertainty emerged in our analysis. Participants also discussed corresponding coping behaviors.

Illness uncertainty has been examined among those who are experiencing acute illness episodes (Brashers et al, 2003; Martin et al, 2010; Mishel, 1988), but looking at uncertainty during a pandemic provided an opportunity to examine the impact of an illness on those who are not currently infected. The scope of the COVID-19 pandemic echoes the emergence of HIV/AIDS in the United States, wherein an infectious disease had a notable impact on the non-infected “worried well” (see Harowski, 1987), a category into which the majority of our participants fit. In the current study, participants had both past- and future-oriented uncertainties connected to their own susceptibility to the virus, as yet unknown information about the virus and its impacts, their own roles as potential vectors of the virus, and whether previous symptoms were related to an unknown COVID-19 infection.

Social uncertainty also emerged in the current study. Previous research has situated social uncertainty around when, where, and how to communicate in anticipated interactions, as well as the relational implications of the illness (see Brashers et al, 2003; Martin et al, 2010). In the context of the COVID-19 pandemic, however, social uncertainty appears to be rooted in having difficulty assigning meaning to other people’s virus-related attitudes and behaviors. Social uncertainty was also produced by having to confront limitations in controlling other people in participants’ lives, including close relational partners, acquaintances, and the general public.

Participants’ corresponding coping strategies centered on enacting control over exposure to people and places outside of their own households. This included being selective about personal contacts, as well as confronting their own ability to exert control over situations, people, and a capricious virus. For some, this meant ramping up efforts to control the people in their lives, including siblings, parents, friends, and co-workers; for others, it meant letting go of the impulse to control. Participants were also purposeful about avoiding places where they perceived general non-adherence to masking and social distancing guidelines. On the other hand, they were more open to patronizing restaurants, stores, salons, dentist offices, and other places where they perceived the virus to be “taken seriously” with appropriate safety measures. Taken together, this study extends existing theorizing on uncertainty by offering new conceptualizations of illness and social uncertainty amid a global health crisis.

Parent adolescent COVID19 vaccine decision making among multigenerational Latinx, Viet & African American Families in OC, CA

Suellen Hopfer, UCI, Emilia Fields, UCI

The COVID19 pandemic has exacted a devastating toll on lives and disruption on public life. As of December 4, 2020, over 276,000 COVID19 attributable deaths have been reported in the US. The roll out of two 94% effective FDA approved COVID19 vaccines will be a mass undertaking with effective communication a critical component to increase vaccine acceptance. An estimated 70% herd immunity and adoption is needed to observe public health benefit from the vaccine. Communities of color (COC) including Latinx, African-American, and Vietnamese parents have expressed COVID19 vaccine hesitancy. Parents' decision-making about the COVID19 vaccine for themselves, and their adolescent children will be important as the phase III vaccine roll out includes school aged children. Weighing risks and benefits for school aged children will be critical as they can be sources of viral transmission for their households (especially multi-generational). Latinx and African American children are eight and five times more likely to be hospitalized compared to White children. Children under 18 years old make up 22% of the US population highlighting that vaccinating this age group will be critical to achieving herd immunity. PEN3 health equity communication framework emphasizes community resilience, identity, and structural determinants of health to guide messaging. This theory guided study reports on analysis from 24 virtual focus group discussions with Latinx, African American, and Vietnamese multigenerational families (parents and middle and high school aged children ages 13-18) from southern California exploring key concerns and considerations for COVID19 vaccine decision-making. Recruitment and data collection occurs December 2020-January 2021. Focus group guide questions focus on exploring perspectives and experiences with vaccines in general, perspectives on the COVID19 vaccine in general, what determines their decision to vaccinate, What information if any, would make getting the vaccine acceptable (for adolescents), where do parents seek and receive their COVID19 vaccine information, how are community networks responding to COVID19 vaccine messaging. Results. To be reported end of January. Discussion. Study findings will have implications for targeting COVID19 vaccine messaging for Latinx, African American, and Vietnamese families including families living in multigenerational households.

Prioritizing Theory & Health Comm for Nutrition Behavior Change: A Post-hoc Assessment of the Un Oeuf Project in Burkina Faso

Yewande O. Addie, University of Florida

Emi Moore, University of North Florida

Heather Stark, University of Florida

Anteneh Omer, Hawassa University

Aïssata Wereme N'Diaye, Institut de l'Environnement et de Recherches Agricoles

Sarah L. McKune, University of Florida

From July 2018 through May 2019, researchers conducted a nutritional intervention in Burkina Faso to encourage child egg consumption, in hopes of improving dietary diversity and contributing to improvements in widespread poor child nutrition. The intervention was highly successful in catalyzing egg consumption among young children, and published findings suggest that communication and practically applied behavior theory helped advance positive behavior change. Thus, the purpose of this study is to retrospectively evaluate the communication strategy and behavior theory that informed this intervention. Researchers used qualitative research methods to analyze data from group interviews (GI) data, community concept drawing, trainer feedback regarding community reception, and promotional materials to glean theoretical links between behavior theory and principles of social marketing. Findings highlight the value of engaging a culturally-centered communication approach to: 1) broker strong engagement and community buy-in through change agents, 2) build on theoretical knowledge to diffuse innovation, 3) develop culturally-tailored branding and promotional materials with durable flip books and a memorable intervention slogan, 4) and institutionalize behavior change through training and integration of an accessible nutrition source. Findings from this study underscore the significant role communication can play in improving behavior change-based efforts to improve animal source food consumption. The intervention and subsequent research findings help contribute to growing, transformational knowledge of best practices in the field of nutrition and create opportunities for successful replication in other communities.

Promoting COVID-19 Protective Measures among Young and Healthy Adults: The Interactions Between Normative and Risk Perceptions

Jie Zhuang, Texas Christian University

Background: COVID-19 has posed great challenges to public health and the scope of its effects is yet fully known. Collective and universal protective measures, especially adopted by people who are less likely to contract the disease or suffer serious health consequences from it, are critical for containing the virus. Targeted by various health messaging, young and healthy people play a potentially significant role in combatting this virus (Jaspal & Nerlich, n.d.; Van den Broucke, 2020). Situated in the literature of social norms and risk perception, this research aimed to achieve two goals. First, this research examined the extent to which young and healthy individuals practiced (1) face covering, (2) social-distancing, (3) frequent hand hygiene, and (4) self-quarantine. Second, this research tested the interactions between risk and normative perceptions on intention to continue or start these practices.

Method: This research recruited 746 young individuals from MTurk who reported no underlying medical conditions. The research protocol was approved of by the institutional review board at the author's institution. Participants responded to questions about their descriptive and injunctive normative perceptions of the four protective measures, risk perceptions of COVID-19, their intention to continue or initiate the four protective measures, and demographic information. On average, participants spent 506 seconds on the survey.

Results: Descriptively, the four protective measures against COVID-19 were widely practiced and approved of by the participants. In addition, participants believed that COVID-19 was a serious health threat, but their perceived susceptibility was relatively low. Normative and risk perceptions interacted with each other to influence participants' intention to continue these protective measures. However, contradictory to the predictions was the directionality of the interactions between normative and risk perceptions. Instead of strengthening the effects of perceived norms, perceived risks attenuated the effects of normative perceptions on behavioral intention to continue protective measures against COVID-19.

Discussion: The findings yielded in this research were theoretically and practically informative. Theoretically, this research was a pioneer investigation that examined the interplay between normative and risk perceptions, which received limited scholarly attention, despite its significant potential for health interventions. The results indicated that risk perceptions consistently interacted with normative perceptions to influence people's intention to continue protective measures against COVID-19. However, the results revealed patterns that were contradictory to the predicted directions. Instead of enhancing the effects of perceived norms on intention, risk perceptions attenuated the effects. That is, as participants' perceived risks increased, the effects of perceived norms on intention decreased. These findings shed lights on practices that utilize social norms to promote COVID-19 protective measures among young and healthy individuals and caution such practices among individuals whose risk perceptions are strong.

Providing support to a sibling experiencing sexual health uncertainty

Qing Huang, University of Texas at Austin

Emerging adults(EA) experience sexual health uncertainty and tend to seek help from their peers. Sibling support, as an essential part of their peer social support and family life, hasn't been examined in this context. Considering the frequent encounter with sexual health uncertainty in adolescence and emerging adulthood, identifying what shapes the support emerging adults provide their siblings is necessary. This study proposes that from the support provider's perspective, outcome expectancy, efficacy assessment, and sexual health expertise shape people's support for their siblings, supporting the theory of motivated information management's propositions. Meanwhile, indicated by Family Systems Theory, their sibling structure, sibling relationship quality, and personal experience, as part of the "living organism" family system, moderate these influences.

Compared with prior generations, today's sexually active emerging adults are more likely to report sex with uncommitted partners (Monto & Carey, 2014), which exposes them to more sexual health risks. According to the estimates and reports of Centers for Disease Control and Prevention[CDC], each year half of the new STD cases (CDC, 2018b), new HIV/AIDS cases, and unplanned pregnancies (CDC, March 2015) come from people among 15-24 years old, even though they only make up one-quarter of the sexually active population. One in four sexually-active adolescent females has an STD, such as chlamydia or human papillomavirus (HPV) (CDC, October 2019). Meanwhile, the number of STD cases has been increasing for the fifth consecutive year (CDC, October 2019).

All these data show us the prevalence of sexual health concerns in emerging adults. Not only the social stigma related to sexual health diseases become barriers for their search for relevant information, reliable sources of sexual health knowledge may also not be available for them, or are not their first choice to seek support because of identity, privacy, and relational concerns.

When emerging adults encounter these concerns and questions while exploring sex and sexuality, with "details of the situation are ambiguous, complex, unpredictable, or probabilistic; when information is unavailable or inconsistent; and when people feel insecure in their own state of knowledge or the state of knowledge in general"(Brashers, 2001), they experience uncertainty.

Driven by the anxiety to manage relevant uncertainty, they are highly likely to seek support from people around them. Closest-to-age siblings can be important sources of support in sexual health uncertainty management. Two studies about HIV-infected individuals' disclosure in Greece and Israel, both reported that the disclosure rates to siblings, frequently considered as "close family" members (Landau & York, 2004), were the highest (66.2%, Landau & York, 2004; 79%, Sachperoglou & Bor, 2010) following by friends (60.6%, Landau & York, 2004), steady partners, parents, and others. However, closest-to-age siblings, as both part of family and peers, hasn't been thoroughly studied in relevant research. Meanwhile, the complexity of sibling relationships provides a fruitful potential for us to understand the role of different types of support in sexual health uncertainty management. This study will examine TMIM model from the perspective of support providers: how emerging adults provide support to help their closest-to-age sibling management sexual health.

Quadrants of Relative Risk Model of Health Message Design: Communicating Relative Risk for Multiple-Needs Audiences

Sherri Jean Katz, Hubbard School of Journalism and Mass Communication, University of Minnesota

Elisia Cohen, Hubbard School of Journalism and Mass Communication, University of Minnesota
Dorothy Hatsukami, Department of Psychiatry, University of Minnesota

In health communication, we often think about how to design strategic messages to have their intended effects and to mitigate possible unintended effects. (1) Much of the theoretical development in the areas of information processing, strategic communication and persuasion starts with the assumption that there is one intended effect of the message (i.e. to encourage flu shots or to discourage impaired driving). However, what happens when a message will have both an intended and an unintended effect? For example, a message intended for adult smokers that explains that making “the complete switch” from combustible cigarettes to e-cigarettes can result in a lower toxicant intake might have an unintended effect on non-smoking youth, for whom use of the product would constitute an increase in risk. (2,3) Similarly, during the peak of a Covid-19 outbreak, a message announcing relaxation of a statewide stay-at-home order might have the intended effect of encouraging a healthy young adult to go to the grocery store while social distancing, take-out restaurant food, or walk in a park, but might have an unintended effect on an elderly heart patient. Different groups may have multiple, even conflicting, needs and recognizing the intended and unintended consequences of singular messages on diverse audiences is critical to effective health message design.

In this work, we present a theoretical model to address the following challenge: how do we develop theoretically-informed health messaging that communicates relative risk for multiple-needs audiences within a singular message environment. First, we draw upon the literature in the areas of risk, risk perception, and probabilistic risk (4,5) in order to further clarify the concept of relative risk. Next, we clarify key model assumptions, including the fact that often public health messaging is visible beyond one targeted or intended audience. Our model is structured on a two-dimensional Cartesian framework that forms the quadrants of relative risk. For a particular health topic, the relative risk of different health behaviors is placed along the x-axis, left to right, most harmful to least harmful, regardless of who is doing the behavior (x-axis). This is plotted relationally to the vulnerability of different groups of potential message recipients, least vulnerable on the bottom to most vulnerable on the top (y-axis). In this work, we also introduce the concepts of anchoring points, message points, relative risk rectangles, and regulatory risk rectangles, and we highlight how these can help to predict whether a particular message is likely to have an intended or unintended audience effect and to highlight key message strategies. In order to illustrate the model and how it can be utilized, we present two timely examples related to tobacco control and Covid-19.

The Quadrants of Relative Risk Model of Health Message Design does not seek to replace any existing theoretical models of health message design. Rather, the model provides guidance for a particular set of circumstances – communicating relative risk for multiple-needs audiences within a singular message environment.

Reasons for Non-Use of Telemedicine

Victoria R. Nelson, Michigan State University
Robyn B. Adams, Michigan State University
Bree E. Holtz, Michigan State University

Introduction: Telemedicine has a long history; however, it has gained immense popularity during the COVID-19 pandemic. The CDC reported a 154% increase in telehealth visits from the first quarter of 2020 compared to 2019. Previous research suggests that there are several benefits telemedicine services provide during the pandemic, such as the expansion of access to health care, the reduction of exposure to harmful illness and diseases, the preservation of personal protection equipment for health care workers and patients, and the minimization of in-person patient surge at health care facilities. However, despite the increased use of telemedicine services and the benefits these services provide, there is still limited knowledge about the barriers to non-telemedicine use for non-users.

Purpose: Thus, this study sought to understand the main barriers for non-telemedicine use during the global pandemic.

Methodology: Participants for this survey were a convenience sample. An invitation to participate was shared through social media and e-mail listservs. To participate, individuals had to be at least 18 years of age and gave consent to their data being used. The reasons for non-use included 23 items and were answered on a Likert scale, 1 = strongly agree and 5 = strongly disagree. Non-use items included reasons such as technology barriers, access to health care and primary care providers, health privacy concerns, and insurance coverage. Demographic questions, including gender, race, education, income, insurance status, overall health status, having a primary care provider, and access to the internet, were asked. The online survey took ~10–15 min to complete; the survey was available from March 31 to April 20, 2020.

Analysis: Descriptive statistics were used to describe the population and rank the reasons for non-use.

Results: A total of 1,149 participants completed the survey. Of those responses, 630 participants (54.83%) had not used telemedicine. Among non-users of telemedicine, 81.9% (n=516) of participants were female, 79% (n=498) identified as white, 74.4% (n=469) had a primary care provider, 84.9% (n=535) had some form of medical insurance, and more than 80.8% (n=509) had access to high speed internet. When ranking the reasons for non-use of telemedicine services among non-users, two primary themes emerged. The first was that technology was not a barrier. Our participants reported they perceived themselves to be technologically savvy, they owned devices to access telemedicine, and they had good internet service. The second was a close relationship with their primary care provider (PCP). The participants stated that they found it easy to get in to see their physician, they felt they got better care in-person, and that with telemedicine they worried about the continuity of care in not seeing their PCP.

Conclusions: Overall, our participants are not concerned with technology barriers related to telemedicine use, but they are concerned with having access to quality health care with their primary care providers. The relationship between patients and doctors is essential. Primary care providers should be encouraged to share more telemedicine information with their patients, particularly during the pandemic, when non-users of telemedicine are more likely to use

RECLAIMING OUR SISTERHOOD AND OUR FOOD: HOW WOMEN OF COLOR ARE USING DIGITAL PLATFORMS TO BUILD COMMUNITY & ADDRESS FOOD SECURITY

**Tambra Raye Stevenson, American University
Franciel Ikeji, Women Advancing Nutrition Dietetics and Agriculture**

At the advent of the lockdown during the COVID-19 pandemic, under-resourced communities and anchoring institutions shifted their communication online to reach one another to address community food security which is a social determinant of health. New digital communities began forming on social networking sites, which already served as an information hub in response to the rapid societal, political, and economic changes. Marginalized women were already facing a crisis before the COVID-19 pandemic from racism, sexism, classism, and health inequities. Yet the COVID-19 pandemic exacerbated existing conditions with a historic rise in unemployment, housing insecurity, and food insecurity. The existing scholarship is limited in exploring the relationship of digital communities and addressing food security among marginalized women. This is important because governments and communities experience the economic burden and social impact when residents are food insecure. Therefore this case study examines an online community created during the COVID-19 pandemic in the District of Columbia to improve food security and health outcomes among marginalized women.

In the District of Columbia, the Ward 7 and Ward 8 communities suffer from traumatic stress, lack of social support and self-medicating with highly processed foods and beverages in an obesogenic environment. Due to structural barriers and health inequities, the gap in life expectancy is 21 years in Washington, DC as cited by the 2018 Health Equity Report for the District of Columbia. In the same report, over 40% of the Ward 8 were noted as being obese. Less than 20% of Ward 8 residents consume fruits and vegetables on a daily basis according to DC Health Matters. Food environment and access, social inclusion, and health literacy are social determinants of health presenting significant opportunities for residents to achieve improved health outcomes. While many factors contribute to poor eating habits and nutrition, over 22% of African American women and girls aren't getting the social support they need to thrive.

This case study explores the development of the WANDA Academy leveraging mobile technology to facilitate learning and create a sense of belonging to achieve health outcomes while meeting the guidance directed by the World Health Organization, Centers for Disease Prevention and Control, and the District of Columbia related to COVID-19. Pinpointing precise causes to social determinants to health is challenging, yet increased social support may lead to positive outcomes on the participants' ability to cope better with stress and reduce obesity through the tech-enabled WANDA Academy. Further data analysis will be forthcoming.

Relationships between Online Health Information Seeking and Exposure to Misinformation and Health Knowledge

Yangsun Hong, University of New Mexico
Lyounghee Kim, University of New Mexico
Sumaira Abrar, University of New Mexico
Kimberly Oostman, University of New Mexico
Courtney FitzGerald, University of New Mexico

More than 70% of Americans are exposed to health information online, either actively seeking or incidentally being exposed to the information, through various channels such as health websites, social media, and search engines (Cotton & Gupta, 2004; Sun, 2019). Online becomes an avenue for the diffusion of health information that helps people improve health awareness and knowledge and promotes preventive behaviors (Kreps & Neuhauser, 2010). Due to the increased information accessibility, misinformation spreads ever-faster online. This phenomenon is related to social media's algorithm and people's intuitive selection of information sources that are sensible, emotional, likeminded, and attentive (Zucker, 2020; Scherer & Pennycook, 2020). The faster the misinformation spreads, the more correcting the misinformation is challenging and expensive (Vraga & Bode, 2020). Therefore, the spread of health misinformation is one of the biggest threats to public health (Zucker, 2020).

To understand the potential consequences of exposure to misinformation in everyday usage of the internet, this study explores how people are exposed to misinformation online and its impact on health knowledge. Specifically, this study examines whether using distinct types of online platforms for health information (i.e., social media, search engines, and medical websites) predicts one's exposure to health misinformation online. In addition, considering the deficit hypothesis—a dominant theoretical perspective explaining insufficient knowledge to distinguish correct information and misinformation causes susceptibility to misinformation online (Scherer & Pennycook, 2020, p. S276), this study tests if one's use of such online platforms for health information and their exposure to health misinformation are associated with health knowledge.

We examine the research questions with HPV vaccine information among young adults. As a highly controversial, opinionated, polarized, and politicized issue, vaccine misinformation is generated not only by pro- and anti-vaccine advocates but is also spread by political entities such as Russian trolls and hackers as part of 'disinformation campaigns' in elections (Broniatowski et al., 2018; Walter, Ophir, & Jamieson, 2020). As a result, there is disproportionate false information and myths available in social media about the HPV vaccine (Briones et al., 2012; Donzelli et al., 2018).

A total of 214 survey responses were collected from college students in February 2020 in the United States. We found that using social network sites (e.g., Facebook, Instagram) and search engines (e.g., Google, Yahoo) for health information was positively associated with exposure to HPV misinformation, but use of professional health websites (e.g., CDC, WebMD) for health information had a negative relationship with exposure to misinformation. Furthermore, using professional health websites for health information seeking was positively related to having correct knowledge about HPV and HPV vaccination. It is possible that people may obtain correct knowledge through professional health websites after being exposed to misinformation online. However, we found no relationship between exposure to misinformation and knowledge level. This study discusses how to measure exposure to health misinformation. We expect that this study contributes to the literature on misinformation in public health by providing empirical evidence and a future direction to research misinformation and health knowledge among young adults.

Responses to health warnings about the harms of vaping: Experimental findings from a national sample of U.S. adolescents

Jacob A. Rohde, Hussman School of Journalism and Media, UNC-Chapel Hill
Seth M. Noar, Hussman School of Journalism and Media, UNC-Chapel Hill
Jennifer Mendel Sheldon, Lineberger Comprehensive Cancer Center, UNC-Chapel Hill
Marissa G. Hall, Gillings School of Global Public Health, UNC-Chapel Hill
Noel T. Brewer, Gillings School of Global Public Health, UNC-Chapel Hill

Background. The U.S. is currently experiencing a national vaping epidemic among youth, with more than 1 out of every 3 high school students reporting using e-cigarettes in the past 30 days. And yet we know little about what vaping health harm themes provide the most impactful basis for effective warnings among adolescents. In the current study, we aimed to experimentally evaluate the impact of warning themes about the harms of vaping among adolescents in the U.S.

Methods. Participants were a national probability sample of 623 adolescents aged 13-17, recruited in summer 2020 from the AmeriSpeak Panel. In an online experiment, we randomized participants to one of five warning message conditions about the harms of vaping: 1) chemical harms, 2) lung harms, 3) COVID-19 harms, 4) addiction, and 5) control messages about littering vaping devices. Participants in each condition viewed three different text-only warnings (displayed in a random order) about the respective health harm of their condition (e.g., “Vaping causes asthma problems”). After exposure to all warning messages, participants rated messages on the primary outcome of perceived message effectiveness (PME; 3-item scale; $\alpha=.95$). The survey also assessed negative affect, attention, social interaction, and message novelty (all single items). We used descriptive statistics to characterize participants and to rank order warning message conditions for all outcomes. We evaluated the impact of conditions against one another using ANOVAs with Tukey-HSD pairwise comparisons.

Results. Mean participant age was 15 (SD=1.34) years. Most participants were White (53%), roughly half (54%) were female, and 19% identified as Hispanic. More than one-quarter of participants (27%) had ever vaped and 14% were current vapers (vaped in the past 30 days). For PME, the chemical harms, lung harms, and COVID-19 harms conditions outperformed both the addiction and control conditions (all $p<.05$), while addiction outperformed control ($p<.05$). The chemical harms, lung harms, and COVID-19 harms conditions also outperformed the addiction and control conditions on negative affect (all $p<.05$), but there were no differences between the addiction and control conditions. For all other secondary outcomes, the COVID-19 harms condition outperformed both the addiction and control conditions (all $p<.05$).

Conclusions. Among a national sample of adolescents, our findings demonstrate that warning messages about the chemical, lung, and COVID-19 health harms of vaping were perceived as more effective than those about addiction. This finding is particularly important given that the current (and only) e-cigarette warning used by the U.S. Food and Drug Administration (FDA) is about nicotine addiction. FDA could consider expanding e-cigarette warnings to include other vaping-related health harms, such as the effects of e-cigarette exposure on the lungs or the consequences of developing a worse COVID-19 infection because of vaping—which is especially relevant given the current COVID-19 pandemic in the U.S.

Scratching the Surface: Beginning to Understand and Address Illness Experience in Lice Infestation through Autoethnography

Jennifer Gray, Appalachian State University

Though pediculosis, more commonly known as “lice,” is extremely common and has nothing to do with hygiene, misconceptions persist. Lice is constructed as a highly contagious illness, but it is actually more of a nuisance, with most contagion resulting from head-to-head contact, with 3 percent resulting from environmental causes; still, the condition tends to be associated with negative behavior like uncleanliness and neglect (Centers for Disease Control, 2018; Annells & Smith, 2004). There is very little study of it save for some “no nit policy” studies and almost none on the psychological or communicative impact on those affected (Annells & Smith, 2004; Gordon, 2007; Mumcuoglu, Meinking, Burkhart, & Burkhart, 2006).

Through the analysis of pediculosis in her children, the author details an autoethnography of lice illness experience. Findings suggest directions for the manner in which lice is framed, and may be re-framed, given its crisis frame when a chronic illness frame may be more suitable and healthful. Analysis suggests implications for the condition’s relationship to stigma, shame, misconceptions, victim blaming, and secrecy, as well as issues related to seeking social support, finding contradictory health information, special services costs, and giving over to health experts. The way a condition is framed may affect its context and its effects on individuals, families, caregivers, and institutions (Bateson, 1974; Kahneman & Tversky, 1979), and stories thoughtfully examined and shared may aid in mitigating harmful frames and misconceptions (Charon, 2006) as well as provide directions for helpful research. An examination of the author’s own experience via autoethnography is a start in exploring this context from a communication perspective.

Setting Expectations of Care During the First Prenatal Visit: A Study of Patient-Provider Communication

Anna Patterson, University of Pittsburgh Graduate School of Public Health
Abisola Olyanian, University of Pittsburgh Graduate School of Public Health
Stephanie Hartos, University of Pittsburgh Graduate School of Public Health
Judy Chang, Magee Womens Research Institute; University of Pittsburgh School of Medicine

Background: ACOG guides obstetric providers on best practices for pregnant women from pre-pregnancy to post-partum care. However, little exploration has been done to evaluate how providers set expectations for care.

Objectives: This is a descriptive study on providers communication style with patients surrounding setting expectations for: 1) their current visit, 2) subsequent visits, and 3) before and during physical examination.

Methods: We performed an ad-hoc analysis on a subset of transcripts and visit audio recordings (AR) from the Talking to Pregnant Patients (T2P2) study. Analysis occurred through reading transcripts and listening to the corresponding visit AR. Creation of the codebook occurred through an iterative process while reviewing transcripts and AR. Provider communication that described expectations, objectives, processes, reasons, or aspects of the visit or exam were noted and coded for content and context. We used NVivo to store and organize this analysis.

Results: Eighty-four AR and transcribed visits were analyzed. A total of 15 transcripts were double coded to ensure inter-rater reliability with an average Kapa coefficient of 0.75. The next steps of our project is to examine the codes for relationships, patterns, and categories. Additionally, we will convert the codes related to observational behaviors into quantitative variables to perform descriptive statistics and evaluate any association of explanatory communication with provider or patient characteristics.

Conclusion: Conclusions will be drawn upon completion of data analysis.

Sexual Refusal Experiences Among College Students: Politeness Theory in Unscripted Territory

Elizabeth Dalton, Middle Tennessee State University

The persistent embedding of the “no means no” mantra into sexual consent dialogue disregards the ambiguity of what Harris calls “the broad social context in which people utter ‘no’ and ‘yes,’” (Harris, 2018, p. 159). Sexual refusal is often face-threatening and disruptive to the traditional scripts by which sexual encounters unfold (Coffelt, 2018). According to politeness theory, protecting both parties’ face needs in this context can be difficult to achieve (Cupach & Metts, 1994). There is a lack of research examining the descriptive experiences of sexual refusal, which can provide valuable insights into this potentially complex exchange. The current study seeks to broaden our understanding of the sexual refusal experience from the perspective of the person saying – or attempting to say – no.

Using open-ended survey data from 206 undergraduate students, descriptions of sexual refusal episodes were content analyzed according to the emotional valence of the experience (positive, negative, neutral, or ambivalent) and the potential partner’s reaction to the refusal (confirming or disconfirming). Among the notable patterns were that only 27.1% described the experience as positive, whereas 54.2% were negative. Negative experiences were characterized by feelings of guilt, awkwardness, and fear. Nearly 75% described disconfirming reactions from partners, including persistence, begging, or gaslighting. A proportion of those (34.1%) involved sexual violence, particularly towards women.

Sexual refusal was a positive experience when the refuser’s negative face (Brown & Levinson, 1987) was maintained. Although deviating from the traditional sexual script, which ends in intercourse, respondents did not feel forced to continue in an unwanted role. With negative refusal experiences, both the positive and negative face needs of the respondents were threatened. Disconfirming reactions of sexual partners left little room to adapt the dominant sexual script and achieve the desired end for the refuser. Sexual partners either forced the script to end as prescribed or placed the refuser in the role of transgressor. This study demonstrates that for many college students, saying no to sex is neither easy nor simple. It is worth considering how the “cage of socialized politeness” (Grigoriadis, 2017, p. 125) may shape these episodes and make it difficult to escape from the roles – especially female roles – embedded in dominant sexual scripts. Implications for consent education will be explored further.

SnehAI: Using a media character-based chatbot to engage Indian youth in sex communication

Hua Wang, University at Buffalo, The State University of New York
Sneha Gupta, University at Buffalo, The State University of New York
Arvind Singhal, The University of Texas at El Paso
Poonam Muttreja, Population Foundation of India
Sanghamitra Singh, Population Foundation of India

Sexual and reproductive health is a sensitive and difficult topic in many cultures. In India, effective sex education and counseling services are significantly lacking in quantity and quality to serve the unmet needs of the fast-growing youth population. SnehAI is an AI-powered social and behavioral change conversational agent in the form of a chatbot on Facebook Messenger. It was purposefully designed and developed by AI for Good UK in collaboration with the Population Foundation of India to effectively engage Indian youth for sex communication. It is the world's first ever Hinglish (Hindi + English) chatbot application that leverages a Natural Language Processing system for health promotion among the most vulnerable population groups. Extra steps were taken in protection of the user privacy in accordance to the CDPR guidelines. In less than six months since its launch in April 2020, SnehAI has exchanged over 8 million messages with the chatbot users, of which 1 million were specifically related to core issues of safe sex, adolescent health, female reproductive health, and family planning choices. It also has also connected more than 70,000 users with existing helpline services. SnehAI provides a safe, anonymous, personalized yet non-judgmental space for young people in India to learn and query about sensitive topics related to sexuality and reproductive health where counseling services are substantially lacking in the country. Our research team have been working closely with the organizational partners to help better understand the different types of affordances of this AI-powered technological intervention as enabling media for health education, its unique approach to leverage the main character of a successful entertainment-education serial drama as the avatar of the chatbot for narrative engagement and parasocial interactions between the avatar of the chatbot and the users. Our research findings can provide mechanisms for effectively personalizing health information and service delivery while protecting user's privacy. They also have important implications for scaling up the communication about taboo health issues with sustainable user engagement to better serve marginalized population groups in India, youth of both genders and youth living in rural areas, as well as other disadvantaged population groups alike elsewhere.

Social Media: Can it Facilitate Positive Social Support & Encourage Eating Disorder Recovery?

Lauren Roberson, Murray State University
Matthew Allen, Murray State University

Social media is often seen as detrimental, especially when utilized by vulnerable populations, such as those with eating disorders (Turner & Lefevre, 2017). The public nature of many platforms seems to foster a level of comfort in expressing opinions, both positive and negative (Smahelova, Drtilova, Smahel, & Cevelic, 2020). Such opinions have the potential to generate a personal connection (or even a relationship), quicker than they would if these conversations occurred face-to-face (Walther, 1996). In the context of eating disorders, such comments can be especially inhibitive towards recovery (Wolf, Theis, & Kordy, 2013). However, the TikTok platform has also fostered an opportunity for support at multiple levels, including: the intrapersonal, interpersonal, and community. Other studies identify the positive potential for social media and eating disorder recovery (Bohrer, Foye, & Jewell, 2020; Saunders, Eaton, & Aguilar, 2020). Previous studies focusing on sexual minority men has indicated that the influence of image-focused social media on the development of an eating disorder is very strong (Griffiths et al., 2018). Further research on the development of an eating disorder analyzes the compulsory behaviors that racial and ethnic minority women engage in, the importance of cultural competencies, and intersectionality in the treatment of an eating disorder (Bruening & Perez, 2019). This study seeks to fill this gap in the literature by addressing whether a social media platform, such as TikTok, can facilitate eating disorder recovery. Innovative health education resources via social media apps like TikTok could assist an individual in starting their recovery journey while being conscious of the sociopolitical factors placed on the intersectionality of culture and medical care. Qualitative interviews will be conducted with individuals documenting their recovery journey online. Due to the sensitive subject nature, participants will document their responses individually. The socio-ecological model (Bronfenbrenner, 1979) and the transactional model of stress and coping (Folkman, Schaefer, & Lazarus, 1979) will be utilized to assess a) the levels of support provided on the TikTok platform (e.g., individual, interpersonal, and community), b) identification of coping efforts, and c) outcomes of coping. Such efforts, if successful, could be utilized in the healthcare setting to facilitate eating disorder recovery. Findings will highlight implications for those in recovery and clinicians working with them on their journey.

Student Success and Classroom Engagement and How They Impact Student Health And Wellness In A Classroom Community.

**Aayushi Hingle, George Mason University
Henri Huber, George Mason University**

College students' mental health concerns are incredibly high due to college students being under immense pressure to progress in their school careers for a better future while maintaining and forming new identities. Therefore, examining the uncertainties that college students face due to significant life changes, like starting college, and the challenges associated with that is an imperative task. Gibbons et al. (2019) studied how campus counseling services can provide better support for student populations, and one of the most prominent student needs that were discovered was the need for easier access to mental health services. It also revealed the need for resources that are more preventative than curative. To promote equity in Health Communication, we need to consider the access that the student population has to health services, including mental health services. As well as evaluate how we can best shape these services to help students. If the curriculum supports students' mental health needs by keeping prevention in mind, students will maintain better practices to maintain these healthy behaviors. Creating this environment for students is to create a curriculum that supports all student's needs and doesn't just focus on accommodating only learning objectives within the classroom space. Prahasro et al. (2017) suggested that one of the biggest problems with substantial transition periods for students, like starting college and losing a sense of community, is decreased student engagement. Research suggests that as students explore the uncertainty of their own identity, there is also a need to reduce uncertainty in the environments in which they exist (Prahasro et al., 2017). Therefore, thinking about student engagement through a lens of reducing uncertainty within the classroom community is an essential point of view. Gudykunst & Nishida (1984) also found that uncertainty reduction was influenced by cultural similarity or difference, confirming that when there is a difference in culture, individuals used more strategies to reduce uncertainty to feel more comfortable in their communication. This study examines data gathered through an electronic survey from an Uncertainty Reduction Theory (URT) lens. This study aimed to determine if flourishing, loneliness, and belongingness impact student engagement among college students. All three factors impact student success in some way, and through the data collected, determining how these affect student engagement in the classroom would help inform future curriculum. The findings revealed that no significant differences exist regarding loneliness and belongingness; however, there was a significant difference in flourishing positively impacting student engagement. Additionally, this study aims to make recommendations for best practices and future research in this field based on the findings.

The Advance Care Planning Benefits and Barriers Scales: Measuring HBM Constructs in the Context of End-of-Life Communication

Nate S. Brophy, George Mason University
Christian R. Seiter, George Mason University
Xiaoquan Zhao, George Mason University

The health belief model (HBM) predicts that the perceived benefits of, and perceived barriers to, enacting a behavior are important determinants of health behavior. The HBM is underused in advance care planning (ACP) research. ACP is the process of communicating end-of-life (EOL) wishes to others. Benefits of ACP include, among others, a decreased burden on families, fewer in-hospital deaths, and increased care satisfaction. The Advance Care Planning Benefits and Barriers (ACP-BB) Scales were created based on a content analysis of ACP education materials. Specifically, using the HBM as a framework, the original study collected multiple messages about ACP beliefs from printed patient education materials (N = 58). The ACP-BB were then developed by creating 7-point Likert items out of benefit and barrier messages derived from the content analysis. The present study examines the factorial structure of the benefits and barriers scales and provides preliminary validity evidence for the use of the ACP-BB as an operationalization of perceived benefits of and barriers to ACP.

Two exploratory principal axis factor analyses with Promax rotations were conducted to assess the underlying dimensions of the items pertaining to the perceived benefits of ACP, as well as the items on perceived barriers. In total, 514 participants completed all items, with a KMO measure of sampling adequacy > .88 for all analyses. Factors with eigenvalues > 1.00 were retained and the rotated factor matrix was scrutinized to determine which items met the .60–.40 factor loading criterion, with items below the .40 criterion that also did not conceptually fit within the factor systematically removed from further analyses.

Ten items related to perceived benefits initially loaded onto two factors with one cross-loading item. After removing that item, the remaining nine items loaded onto a single factor that explained 53.69% of the variance—factor loadings ranged from .536 to .843, and this unidimensional construct was labeled Perceived Benefits of ACP ($\alpha = .91$).

The 21 items pertaining to perceived barriers initially loaded onto four factors; however, several items loaded across factors and/or did not meet the post-rotation .40 loading criterion. After removal of items based on conceptual and empirical grounds, the terminal factor analysis yielded three factors, comprised of 14 total items, that explained 66.21% of the variance. Post-rotation, Factor 1 consisted of five items and was subsequently labeled Perceived Irrelevance (loadings ranged from .618 to .839; $\alpha = .87$); Factor 2 consisted of five items labeled Lack of Resources (loadings ranged from .549 to .829; $\alpha = .84$); Factor 3 consisted of four items labeled Emotional Discomfort (loadings ranged from .391 to .895; $\alpha = .85$). These subscales operationalize the broader construct of Perceived Barriers to ACP.

Correlation tests found an inverse relationship between the benefits and barriers scales. The Perceived Benefits of ACP scale was negatively correlated with all three Perceived Barriers to ACP subscales at $p < .01$. Furthermore, as expected, perceived benefits was significantly positively correlated with established measures of attitude and intention toward EOL discussions, while perceived barriers was negatively correlated with these constructs (all at $p < .001$).

The Diary of a Strong & Angry Black Woman: The Effects on my Mental Health

Tianna Cobb, University of Oklahoma

The “Strong Black Woman” and “Angry Black Woman” narratives have been detrimental to the mental health of Black women (Donovan & West, 2015; Wendy, 2014). These narratives have created externally driven images and stereotypes to control Black women. While both narratives are damaging, they attack opposing depictions. One description, the strong Black woman, represents the “prototypical” Black woman; while the other, the angry Black woman, exemplifies the “undesirable” Black woman. Through the juxtaposition of these two narratives, it appears that the “Strong Black Woman” narrative is a more desirable representation. While the narrative may have been created to view Black women positively and highlight their strength, it has imposed unrealistic expectations to remain strong regardless of how difficult circumstances may be. Moreover, the angry Black woman narrative characterizes Black women as aggressive, belligerent, overbearing, and temperamental, all without cause. Black women’s agency in the development of their own authentic self has been historically confined and limited. However, Black women have begun to insert their voices in resistance to such restrictions inflicted upon their identity. Dutta-Bergman (2004a, 2005) argues that it is imperative to centralize marginalized voices in identifying health problems and the most culturally suitable solutions. Thus, we must begin to center the voices of Black women in the creation of their own authentic identities and reject these externally driven tropes. Further, research has yet to address the detriment to Black women’s health at the praxis of both stereotypes. This presentation serves to promote Black women’s mental wellness by highlighting their voices and challenging the hegemonic nature of both narratives in conjunction with one another. Ultimately, this is a call to further research addressing the harmful stereotypes that afflict Black women in efforts to promote equity both in health communication research and at a societal level.

The Effectiveness of Online Support Groups Among Stage IV Breast Cancer Patients During COVID-19

Kinza Shah, University of Miami
Victoria Orrego Dunleavy, Ph.D, University of Miami

Background: Breast cancer is the most common cancer and malignancy in women worldwide (Rodgers & Chen, 2005; Waks and Winer, 2019), with stage IV considered the most advanced and life-threatening (Buis & Whitten, 2011). In light of the COVID-19 pandemic, stage IV breast cancer patients are considered a vulnerable population. This has resulted in their experience of greater psychological distress, necessitating alternative effective social support strategies given today's social distancing measures (Liang et al., 2020; Saltzman et al., 2020). Online support groups (OSGs) play a valuable role in providing effective social support that facilitates increased engagement, contributing to positive health outcomes for breast cancer patients (Cutrona & Suhr, 1992). Engagement in OSGs is defined as the degree, type, and depth of interactions that occur (Chen et al., 2015). Although previous engagement literature has examined different characteristics of OSGs, there is limited literature on the type of messages that facilitate effective social support (Malloch & Taylor, 2019). However, the examination of such effective support is crucial as previous literature has indicated the association between increased engagement and social support, consequently contributing to greater health outcomes (Chen et al., 2015).

Purpose: The goal of this work, then, is to explore the relationship between optimal social support and engagement within OSGs for stage IV breast cancer patients in the context of COVID-19. The optimal matching model of stress and social support emphasizes that effective social support occurs when there is a match between the stressor and type of social support received (Cutrona & Russell, 1990). Moreover, the type of social support provided is dependent on the controllability of the event. Controllable events predict social support that is action-facilitating (informational, tangible, etc.), whereas uncontrollable events predict social support that is nurturant (emotional, network support, etc.) (Cutrona & Suhr, 1992). As a result, it is expected that seeking and receiving social support promotes online engagement (Wang, Zhao, & Street, 2014). Therefore, we hypothesize that increased optimal social support will be associated with increased engagement.

Research Method: We will conduct a content analysis of 50 discussion posts from stage IV breast cancer patients, and data will be collected from breastcancer.org. Data collection will entail posts beginning from the issuance of stay-at-home orders in the United States, March 1st, 2020 (Moreland et al., 2020) from breastcancer.org. In doing so, the optimal model of stress and social support will be applied to determine effective social support. Engagement will be assessed by an analytics service, providing statistics on the degree to which members interact. A linear regression will assess the relationship between optimal social support and engagement.

Contributions: In light of the current pandemic, a future recommendation on interventions is to encourage digital literacy as well as provide patients with access to online mediums aimed to foster supportive connections (Battisti et al., 2020). Furthermore, the effective social support derived from OSGs may also support practitioners in providing alternative, online resources during interventions for patients during this advanced stage (Battisti et al., 2020).

The Impact of News Exposure on Mental Health during COVID-19 Pandemic

Parul Jain, Ohio University

Over 64 million people worldwide and 13 million in the US have been sick from COVID-19 infection. During crisis situations, people seek news to gain information and reduce uncertainty. Although news could provide some means of control, the constant access may also cause emotional distress. Research suggests that consumption of crisis news leads to high psychological distress and fear that may impact intentions to engage in healthy behavior. Fake news and widespread misinformation during this pandemic have obliterated public trust in news which can also impact mental health. Therefore, in this research we explore the impact of news exposure on mental well-being and test for plausible explanations.

H1: Frequency of news exposure would be positively related to perceived stress and negatively related to happiness, satisfaction, gratitude; and the effect would be moderated by COVID-19 news interest.

H2: Trust in news would mediate the effect of news frequency on perceived a) happiness b) gratification c) satisfaction and d) stress

Method: 300 adults across the US responded to a survey during April 2020. Participants (n =298) were on average 41 years old, 53% (n = 160) female, 75% (n=225) Caucasian, and 48% (n=143) Democrats.

The participants reported accessing news 2-5 times/day; high COVID-19 news interest (M= 4.32, SD=.87); average trust in news (M=3.2 SD=.92); perceived stress (M=2.71 SD=.83); happiness (M=4.24; SD=2.43); gratitude (M=5.17 SD=1.24); satisfaction (M=4.33, SD=1.6) and low levels of depression (M=1.92, SD=.67).

Results: We tested hypotheses using Process macro (model 1,4). Age, gender (females=1, rest =0), political affiliation (democrats =1, rest=0), race (Caucasian =1, rest = 0) and perceived depression were added as covariates. Frequency of news exposure influenced perceived stress, $F(8, 289)= 56.14$, $p<.001$, $R^2 = .61$, ($b = 0.18$, $p < .05$); gratitude, $F(8, 287)= 24.57$, $p<.001$, $R^2 = .41$ ($b = -0.47$, $p < .001$); satisfaction $F(8, 287)= 11.18$, $p<.001$, $R^2 = .24$, ($b = -0.55$, $p < .01$) and happiness $F(8, 287)= 18.13$, $p<.001$, $R^2 = .33$, ($b = 0.1$, $p < .001$). Interest in COVID-19 news moderated the effect of news exposure on perceived stress ($b = -.03$, $p < .05$), gratitude ($b = .11$, $p < .01$), satisfaction ($b = .12$, $p < .01$) and happiness ($b = -.16$, $p < .01$). Trust partially mediated the relationship between news exposure and perceived stress $b = 0.01$, 95% CI (0.00, .02), satisfaction, $b = -0.04$, 95% CI (-0.08, -.01) and happiness, $b = 0.05$, 95% CI (0.01, .10).

Discussion: The findings suggest that high levels of news exposure led people to experience more stress and low satisfaction, gratitude, and happiness when they reported low interest in COVID-19 news. However, when interest in COVID-19 news was high, people experienced more gratitude and happiness with increasing exposure, perhaps because of uncertainty mitigation. High levels of news exposure led to lower levels of trust that led to low satisfaction and happiness and high distress. This study, by enhancing our understanding of how and when news may influence mental wellbeing, could help design health reporting and media literacy interventions.

The Patient Navigator: The systematic development and evaluation of an online health information tool for older cancer patients

Melanie de Looper, ASCoR, University of Amsterdam

Ellen Smets, Amsterdam UMC

Barbara Schouten, ASCoR, University of Amsterdam

Sifa Bolle, Minddistrict

Julia van Weert, ASCoR, University of Amsterdam

Older patients often search online for health information to prepare for consultations. This can give them a feeling of empowerment and can increase patient participation (Linn et al., 2019; Tan & Goonawardene, 2017). However, seeking information online can also have negative effects because the information patients find online is often incorrect or unclear (Diviani, van den Putte, Giani & van Weert, 2015). Therefore, the aim of this study was to systematically develop, implement and evaluate an online health information tool that fits the situation of older cancer patients. Two characteristics were believed to be important: the feature to self-tailor the information, because older patients vary in their information preferences (Wright et al., 2008) and preparatory features such as a QPL, since older patients use online health information to prepare for consultations (Brandes et al., 2015). Participants in this study were recently diagnosed colorectal cancer patients scheduled for treatment in one six Dutch hospitals. The patients were randomly assigned to the control condition (usual care) or the experimental condition (usual care + online tool). Outcome measures were patient satisfaction and patient participation. Data was collected by means of questionnaires and the consultations patients had with their healthcare provider were recorded and coded. We expect that use of the tool will result in more satisfaction and more patient participation during consultations than usual care. The results of this study will give insight in how to optimize online information provision for older colorectal cancer patients, in a real-world setting.

The proliferation of COVID-19 Infodemics: Crafty health advice and fake cure in Africa.

Adebanke L. Adebayo, George Mason University

Anne Wangari, North Carolina State University

Keziah wangui Githinji, United States International University, Kenya

Esther Adebayo-Abikoye, Henry Jackson Foundation Medical Research International

Statement of problem: The COVID-19 pandemic has been said to be one of the most significant challenges to public health since the second world war. Because of the health sector's current state, African nations were predicted to be at most risk. However, one of the challenges that impeded curtailing the spread of the virus and flattening the region's curve was infodemic. The excessive amount of misinformation that stemmed from the novel nature of the virus and the constant changes in the type of precautions to be taken hindered the spread of accurate and factual information. Infodemics perpetuate rumors and misinformation that spread faster than the current outbreak of COVID-19, contributing to adverse effects, including the lack of precautions, disbelief, discrimination, and even stigmatization.

Theoretical framework: Health Belief Model (HBM) and health information-seeking are used as the theoretical framework to guide the study. Seeking health information to reduce uncertainty alongside the modification of individual beliefs and health behaviors by physical, socio-demographic, and cultural factors is central to this study.

Methods/research approach: Using content analysis of social media messages (Twitter) around the time of the first reported case in the continent (February 27–March 27, 2020), this study explores the proliferation of COVID-19 infodemics and its effects in West Africa (Nigeria) and East Africa (Kenya) in their bid to flatten the coronavirus curve; to examine the impact of sociocultural beliefs in strengthening infodemics, and to explore the impact of crafty health advice/information on health behaviors.

Expected results/findings/intervention: This study's results would highlight the spread of misinformation via online platforms during a health crisis, unique challenges of infodemics in African nations, and resultant implications that pose serious public health threats in already strained economies as Kenya and Nigeria. The findings would highlight some of the nuanced socio-cultural issues that typify infodemics and suggest how public health communication professionals can help maneuver some of these challenges. This study will also suggest future research directions and provide new directions for studying infodemics in western and eastern Africa and beyond. As COVID 19 pandemic continues to embed itself globally, this will be an essential topic of study and would be of great interest to various stakeholders, especially in creating and implementing best practices during health crises, especially in developing nations.

The Role of Empathy in Narrative Persuasion: Communicating Death with Dignity

**Jin-Ae Kang, East Carolina University
Glenn Hubbard, East Carolina University
Brenna Barber, East Carolina University
Caitlin Brewington, East Carolina University**

Death with dignity, known as euthanasia, has been a controversial social issue in America. Health communication scholars rarely addressed how the death of dignity can be discussed through the lens of communication, although death is an unavoidable part of the human lifecycle. Using narrative persuasion theories, this study explores the way to facilitate a conversation about such a sensitive topic.

Euthanasia is illegal by law in many states. Negative opinions on euthanasia are dominant, which is strongly influenced by religious beliefs and current medical practices. To many people, euthanasia is a suicide, which is an act against God. Medical professionals are not allowed to perform euthanasia due to the Hippocratic oath, "First not harm." However, some patients who find themselves with terminal illnesses and consider the euthanasia option. Patients, their families, and friends wish to avoid a painful passing and a loss of control and strength in the end. Those who have personal experience with the option of euthanasia form a strong opinion based on their first-hand experience as well as the previous emotional drive. Such a story-based experience motivates them to support death with dignity.

Thus, re-creating such experience and emotion through stories could encourage people to change their stance, and spark a discussion between people who take an opposing stance on the issue of euthanasia. In this sense, narrative persuasion theory illustrates how people on a different stance establish a common ground of mutual understanding with storytelling. Thus, the study examined the extent to which: (a) a patient's story elicits transportation and emotional response, (b) a story format messages reduce counter-arguing, (c) emotions influence participants' empathetic response and attitudes toward euthanasia, and (d) participants want to participate in a conversation regarding the euthanasia issue.

A web-based experiment is designed. For stimuli, two versions of Ted Talks (a story format vs. non-story argument format) was created by editing the original Ted Talk "Death with Dignity" of Grace Pastine. The experiment participants listened to one of the stimuli.

A total of 444 valid responses were analyzed. The median age group was 30-39 years old. 48.5% of the sample was male, and 51.5% was female. The majority of the sample were Caucasians (n=334, 75.2%), and 60.8% reported that they are Christians.

The results demonstrated that the story exposure group showed higher levels of transportation, emotional responses, and empathetic responses. Narrative transportation was positively associated with emotional responses and negatively associated with a counter-arguing process. Emotional responses were positively associated with empathetic responses, which result in a positive attitude toward supporting death with dignity law, and communication intention.

The study results validate the effect of narrative persuasion on the support of death with dignity. We found that empathetic responses and emotion are the outcomes of storytelling and as a result, communication is facilitated on the issue of legalizing euthanasia. We hope that conversations facilitated by the story increase our understanding of those who need the euthanasia option, and increase their end-of-life well-being.

The role of psychological inoculation in neutralizing health misinformation among individuals who endorse a conspiracy mentality

Irina A. Iles, National Cancer Institute
Arielle S. Gillman, National Cancer Institute
Heather N. Platter, National Cancer Institute
William M.P. Klein, National Cancer Institute
Rebecca A. Ferrer, National Cancer Institute

Health misinformation is difficult to correct after individuals are misled by it, highlighting the importance of educating the public on how to identify and resist misinformation before being exposed to it. Individuals can be inoculated against misinformation by using warnings about misleading tactics combined with exposure to a weakened version of the misinformation. Although all individuals can be vulnerable to health misinformation, the extent to which people endorse a “conspiracy mentality” (i.e., the tendency to believe or follow theories which blame others for societal phenomena) makes them significantly more vulnerable and distinctively resistant to corrections. Research finds that individuals who endorse a conspiracy mentality view themselves as uniquely critical/analytical thinkers. However, increasing analytical thinking through cognitive interventions reduces belief in conspiracy theories. Together, this work suggests that interventions targeting critical thinking may be particularly attractive to those high in conspiracy thinking and may also reduce their belief in conspiracy theories, making such interventions a particularly well-matched strategy for this group. We tested the effectiveness of an inoculation intervention that refutes faulty reasoning strategies used in misinformation (a logic-based inoculation) in creating resistance to future misinformation as a function of one’s endorsement of a conspiracy mentality.

854 women who never had cancer recruited via Prolific participated in an experiment comparing an inoculation vs a control condition (we also manipulated whether participants were self-affirmed, but that condition is not relevant to these analyses). The inoculation intervention detailed five common attributes of misinformation (oversimplified science, unrelated/fake experts, false balance, alarming language, and financial interest). After the intervention, all participants read an article with misinformation about the dangers of mammography and an ostensibly “better and safer” alternative to breast cancer screening, and completed measures assessing reactions to the misinformation, including a validated measure assessing conspiracy mentality ($M=4.99$, $SD=1.17$ (7-point scale); Bruder et al., 2013).

Women who scored higher on the conspiracy mentality scale experienced higher threat in response to the inoculation intervention ($p=.05$). As expected, inoculated women at and above the mean on this scale reported increased counterarguing with the misinformation article and lower intentions to like/share the article on social media ($p=.06$). No other interactions were observed. Participants’ score on the conspiracy mentality scale was associated with indicators of belief in the misinformation article, specifically, lower perceived threat in response to the misinformation article ($p=.04$), lower anger ($p=.03$), increased credibility of the misinformation article source ($p<.001$), higher perceived argument strength ($p<.001$) and less counterarguing with the article ($p<.001$), lower perceived scientific consensus that mammography is the best breast cancer screening tool ($p<.001$), less trust in physicians recommending mammography ($p<.001$), lower intentions to follow official mammography recommendations ($p<.001$), higher intentions to like/share the misinformation article on social media, and weaker beliefs that it would be unethical to publish/like/share the article on social media ($p<.001$).

This research advances the study of health-related misinformation and strategies to reduce its effects in hard-to-reach groups which have not been investigated to date. Findings demonstrate protective effects of a logic-based inoculation intervention against misinformation among individuals who endorse a conspiracy mentality.

The Superfund Research Program: Tailoring Risk Communication Strategies to Reduce and Mitigate Exposures to Hazardous Substances

Sara Amolegbe, NIEHS
Michelle Heacock, NIEHS
Brittany Trottier, NIEHS
Danielle Carlin, NIEHS
Heather Henry, NIEHS
William Suk, NIEHS

The National Institute of Environmental Health Sciences (NIEHS) Superfund Research Program (SRP) is a network of multi-disciplinary scientists combining expertise in biomedical, environmental science and engineering, community engagement, and data management to provide practical, scientific solutions for pressing public health issues. SRP researchers study health effects of exposure to hazardous substances and investigate effective, sustainable ways to prevent exposures through a nationwide grantee network. They also develop innovative strategies to communicate risk about environmental exposures and reduce or mitigate those risks in communities impacted by hazardous waste sites.

A unique aspect of the SRP is the University-based multi-project center concept, where scientists and engineers working in transdisciplinary teams contribute their diverse expertise to address the center's research focus. SRP-funded centers are required to include community engagement to build partnerships with affected communities and research translation to communicate and facilitate the use of research findings. These components at each center support the needs of vulnerable communities and have long-lasting benefits to improve public health.

Through these components, SRP centers tailor communication strategies and facilitate knowledge exchange between scientists and local communities to improve health and lower health disparities. For example, SRP researchers have collaborated with community groups to set up community gardens to communicate risks of environmental exposure from soil and encourage good nutrition. They have also developed fish advisories to educate anglers and their families about potential risks associated with eating fish from contaminated lakes and rivers as well as safer places to fish. SRP grantees are also working with Native American tribes to understand their concerns and communicate health risks associated with environmental factors.

SRP grantees also use data science tools to integrate data on environmental sources and population demographics and have created interactive maps to communicate health risk to communities and identify and prioritize regions of heightened vulnerability. This includes a mapping tool that integrates and visualizes data to help communities understand how factors like flooding and pollution can affect their health and a drinking water tool that pinpoints areas where water quality may be of concern.

The multidisciplinary SRP Center concept provides a framework for research teams to rapidly respond and apply knowledge and expertise to understand and reduce environmental threats. This poster will provide examples of successful research and health communication strategies by SRP grantees to mitigate environmental exposures or reduce the toxicity of environmental contaminants. It will also describe how SRP grantees have tailored communication strategies to account for differences in regional, cultural, and other demographic factors to educate communities of environmental risks.

Theoretical guidelines to support health communication messages within an Integrated Marketing Communication (IMC) approach: The case of Thelle-Mogoerane regional hospital

Lucky Mawasha, University of South Africa

Culture and the social context of the patient has never been widely considered in health messages for health promotional campaigns in Africa. Neglecting the important aspect that culture and social context play in community-based health care interventions, influencing patients to effectively take responsibility for their health. However, there has been studies conducted in health communication that incorporate culture, but none have considered integrating the social context. The aim of this research was to propose IMC theoretical guidelines centralized within the cultural and social context of a South African patient to enhance health messages for health promotional campaigns from Thelle-Mogoerane regional hospital. The study used data collected from the five semi structured face-to-face interviewers with the health promotion practitioners (HPP), one focus group interview with the patients and content analysis of the identified documents from the hospital. The findings contributed to the existing literature in numerous ways. Firstly, it redefined the concepts of culture and social context in communities. Secondly, introduces IMC theoretical guidelines that include culture and social context in effectively enhancing health messages that could be used in community based health interventions encouraging positive health behaviour change within communities, thirdly, it provides enough evidence on the importance of culture and the social context in health messages and health promotional campaigns reaching the target audience effectively in South Africa.

‘There’s a community aspect to all of this’: Understanding women’s health experiences in the Bodies podcast

Hayley T. Markovich, University of Florida

Women have historically been excluded from the research and foundational work that has created the modern understanding of health issues because it is assumed women will react in the same way as men (Dusenbery, 2018). When health concerns and experiences have some level of bias and stigma associated with them, patients will carve out new spaces for themselves (Wright, 2016). Due to their exclusion from the traditional public sphere, women have created alternative public spaces in which they can voice their identities, interests, and needs (Fraser, 1990). Participating in these communities increases levels of information utility and in turn positively influences perceptions of patient empowerment (Johnston, Worrell, Di Gangi, & Wasko, 2013). This is the case for women’s health issues as well. Podcasts have become part of daily media consumption for many individuals, with programs for entertainment, talk shows, and news available for listening in a variety of spaces. In health communication, one way health information is disseminated to publics and learned is through edutainment (Moyer-Guse, 2008). Although podcasts typically involve non-fiction and informative topics, the presentation of the information in a narrative, story-like format is a new addition to edutainment. As such, podcasts can be used as a health information and education tool. At the same time, podcasts can act as a new public sphere for women to discuss and learn from each other about health topics. This study aimed to explore how the Bodies podcast and the stories it featured, expands on and potentially complicates our understanding of women’s health. Particularly, this study sought to answer the research question: How are women’s health experiences characterized within this podcast. This was accomplished through a narrative analysis approach using the constant comparative method. At the time of data collection two seasons of the podcast were available. This totaled fourteen episodes covering a range of women’s health topics including reproductive health, sexual health, and mental health. It also features women at different points in the lifespan. Analysis of the podcast episodes revealed that women’s health was characterized via societal expectations and isolation. The theme of societal expectations was characterized by the women comparing what they experience to that of others in their social circles or from what they assume is “normal” based on influence from mass media and cultural expectations. Isolation was seen in the way the women’s health experiences isolated them from others physically, emotionally, communicatively often as a result of fear and guilt associated with the health experience. Women have historically been removed from the health public sphere. In opposition to that, the Bodies podcast and its stories on different kinds of women’s health experiences provides a public sphere where women can share their experiences. As a result, the podcast provides a way for the wider listening audience to become aware of the issues characterizing women’s health and potentially join the community it creates.

Topics analysis of Reddit and Twitter posts discussing inflammatory bowel disease and distress from 2017-2019

Jacob A. Rohde, Hussman School of Journalism and Media, UNC-Chapel Hill
Adams L. Sibley, Gillings School of Global Public Health, UNC-Chapel Hill
Seth M. Noar, Hussman School of Journalism and Media, UNC-Chapel Hill

Background: Inflammatory bowel disease (IBD) is a highly stigmatized, chronic gastrointestinal illness, and evidence suggests a majority of people diagnosed with IBD experience disease-related distress (e.g., anxiety, depression) at some point in their life. To cope with such distress, many people with IBD use social media to seek social support and learn ways to best manage their disease. In the current study, we sought to examine and characterize discussions of IBD and distress on social media. Our goal was to identify important disease-related topics associated with these online discussions.

Method: We collected public social media posts from Reddit (N=40,625) and Twitter (N=40,306) that were published between September 2017 and August 2019. Posts were extracted if they contained at least one IBD keyword and discussed distress-related content (e.g., “I’m feeling depressed because of my Crohn’s disease symptoms”). We then created a term-based computational dictionary to characterize distress-related posts based on eight different, non-mutually exclusive IBD topics: 1) symptoms, 2) medication, 3) nutrition, 4) procedures (e.g., colonoscopies), 5) marijuana, 6) stigma, 7) ostomy, and 8) intimacy. We used descriptive statistics to characterize the frequency and order the prevalence of the eight IBD topics on both Reddit and Twitter. Lastly, we used network statistics to assess IBD topic co-occurrences (e.g., social media posts discussing two or more IBD topics in a single post) and topic degree centrality for the two platforms.

Results: There were 18,893 and 20,665 unique users who posted at least once in the Reddit and Twitter data sets, respectively. Most Reddit (79%) and Twitter (56%) distress-related posts mentioned at least one IBD topic. The order of topic prevalence was the same for the two platforms. Symptoms was the most mentioned IBD topic (Reddit: 57%, Twitter 36%), followed by medication (Reddit: 30%, Twitter 11%), nutrition (Reddit: 27%, Twitter 9%), and procedures (Reddit: 17%, Twitter 6%). Intimacy was the least mentioned IBD topic (Reddit: 2%; Twitter: <1%). Topic co-occurrences varied by platform. Most Reddit posts (57%) mentioned at least two IBD topics. Of those posts, symptoms, medication, and nutrition were all central, co-occurring topics (based on degree centrality network scores). By contrast, only 27% of Twitter posts mentioned multiple IBD topics and symptoms was the only central, co-occurring topic.

Discussion: This study adds to a growing literature examining how IBD is discussed on social media—specifically, in distress-related contexts on Reddit and Twitter. Our results show that certain IBD topics, such as symptoms and medication, are widely discussed among social media posts concerning IBD and distress. These cross-platform findings highlight potential disease-related areas that people with IBD may struggle with (e.g., maintaining a healthy diet, symptom management). Future work should expand our research by investigating the underlying effects of these topics on perceived support among people with IBD who use social media and experience distress.

Transgender Individuals' Articulations of Health Care Service Needs in Virginia

Iceha Basnyat, James Madison University
Shana Meganck, James Madison University
Kathryn Hobson, James Madison University

Transgender is an umbrella term for individuals whose self-identified gender does not match their sex assigned at birth (Shipherd, Mizock, Maguen, & Green, 2012). Studies have shown that transgender adults report poorer health ratings than the general cisgender (physiological sex and gender identity match) population; in particular higher rates of depression and other mental health issues (Pitts, Couch, Mulcare, Croy, & Mitchell, 2009). Still, transgender individuals' are less likely to seek health services and, when they do, they are more likely to experience discrimination (Yerke & DeFeo, 2016). Some additional barriers to access to healthcare among transgender adults are: lack of access to providers with sufficient knowledge, high rates of care refusal, and financial barriers (Albuquerque et al., 2016). A study by Hughto et al. (2016) showed that access to healthcare for transgender adults in the United States also varies by geographic location. For example, the United States Transgender Survey (USTS) conducted by the National Center for Transgender Equality (2015) reported experiences of 723 transgender individuals living in Virginia, and found that 23% of respondents experienced a problem in the past year with their insurance related to being transgender, such as being denied coverage for care related to gender transition or being denied coverage for routine care because they were transgender, and 13% were refused medical care due to their gender identity/expression.

In order to provide better healthcare services and meet support needs for transgender communities, we need to understand day-to-day lived experiences. Thus, this ongoing project explores transgender individuals' experiences of seeking and using various health care services in Virginia. Working with local LGBTQ+ centers and through personal networking, currently 17 participants have been recruited with 9 in-depth one-on-one interviews completed at the time of submission. The participants include white transmen and transwomen, ranging from ages 23 to 50 with some level of college education. Thus far, the lived experiences shared through the interviews reiterate the importance of moving healthcare beyond a cisgender care space. All participants noted the importance of gender inclusive health care that moves beyond cisgender markers. For example, participants suggested gender inclusivity training that promotes not simple sensitivity but normalizing trans bodies. Transmen and transwomen are not treated holistically and often are instead defined through their anatomical parts. While participants felt services specific to the trans community, such as counseling and hormone replacement therapies, were gender inclusive, they felt a significant shift needs to occur in medical health care services. In addition, participants noted the importance of mental health services for them. This was often noted as lacking, but those who have managed to find great providers have significantly benefited with better health outcome. Thus far, the general sentiment among participants is a call for acceptance of transgender bodies at the core of health care services. As we continue interviews with participants, we aim to come away with not only lived experiences of transgender individuals but also suggested changes for healthcare that moves towards inclusive and impactful healthcare services for the transgender communities.

Trust and metaphors for healthcare receivers

Lauren Bayliss, Georgia Southern University

Frameworks for understanding the world are sometime best understood through metaphor. In health communication, metaphor may be easier and more culturally relevant than technical definitions (Krieger, 2014). Metaphor can also be key in understanding the attitudes that people form (Landau et al., 2009). Metaphor may also represent how patients think others view them. Perceptions of how healthcare providers view patients can influence patient health behaviors, particularly among black patients (e.g. Jones et al., 2013). Therefore, this study seeks to answer the following research questions:

RQ1: Are beliefs about how a healthcare teams perceives patients, as depicted through metaphor, associated with trust? RQ2: Do Black and White healthcare receivers have different beliefs about how the healthcare team views them?

A survey was sent to a simple random sample of university instructors, who were asked to distribute the survey to their classes at a large university. After removing incomplete cases, 271 cases remained. Of these, a total of 57 Black, and 180 White participants responded. Students were asked to what degree they thought that several concepts represented how the “CARES” health team (created to address COVID-19 concerns) viewed them (Strongly Misrepresents = 1, Strongly represents = 7). Four different metaphors were addressed: Machine (e.g. “An engine in need of a tune-up”), Child (e.g. “Someone who needs a babysitter”), Science Project (e.g. “A lab rat”), and Customer (e.g. “A client” or “a healthcare consumer”). Three items were used for each construct. The scale for Trust was adapted by measures created by Hon and Grunig (1999) and also used a 7-point scale. The scales for the four metaphors and trust were all internally consistent ($\alpha \geq .78$). Trust in the student CARES team was moderately high on average ($M = 5.1$, $SD = 1.1$).

To address RQ1, correlations were run for the four metaphors and Trust. Trust was negatively associated with the metaphors Machine ($r(269) = -.45$, $p < .01$), Science Project ($r(269) = -.49$, $p < .01$), and Child ($r(269) = -.48$, $p < .01$). There was no significant association between the Customer metaphor and Trust ($p = .08$).

To address RQ2, a random selection of 57 White participants were compared to the 57 Black participants to maintain equal sample sizes using a MANOVA. The dependent variables were the scores for Machine, Science Project, Child, and Trust. There were no significant differences between Black and White participants for any of these perceptions ($p \geq .35$).

On the whole, the findings of this study indicate that healthcare receivers are less likely to trust healthcare teams whom they perceive to view them as machines, children, or science projects. On a positive note, race did not appear to be associated with perceptions of these metaphors or with trust. However, future research should investigate these “perceptions of perceptions” – beliefs regarding metaphors that healthcare teams use to view publics – to determine if more positive metaphors can be introduced to improve trust in healthcare providers.

Twitter pandemic: Understanding online conversations about COVID-19 vaccine

Ekaterina Malova, University of Miami

COVID-19 is currently a global pandemic. It is a potentially fatal disease causing severe respiratory complications (Fraser, 2020). The quantity of information about COVID-19 in social media is overwhelming (Broniatowski et al., 2020), including much-anticipated news about vaccine development. Twitter, a popular social network, produces huge amounts of public information. Through online interactions, users generate collective knowledge in various fields, including public health (Collier, 2012). Given the prevalence of negative emotional responses to the pandemic (Jungmann & Witthöft, 2020), disease novelty, and extraordinarily fast vaccine development (Lurie et al., 2020), some people are hesitant to vaccinate (Funk et al., 2020). Thus, it is important to understand the conversation around COVID-19 vaccine development through the lens of social media. The data mining approaches to analyze Twitter communities disseminating vaccination opinions proved useful (Bello-Organ et al., 2017). Thus, on the wave of news about the breakthrough in vaccine development, this study aimed to explore the nature of the larger #CovidVaccine conversation on Twitter and interaction patterns between the engaged users.

Both text and network analyses were conducted using Netlytic (Gruzd, 2016), a software that helps explore large online conversational data and presents the results visually. First, 10,000 #CovidVaccine posts were downloaded. Second, Netlytic found emerging themes of discussion measured by word frequency within the posts. Third, the categories of phrases representing high-level contexts were manually created based on pre-determined synonyms. In this study, four categories of analysis were activated: 1) positive feelings, 2) negative feelings, 3) time, and 4) price. Netlytic automatically placed entries into categories. Finally, both name network (who mentions whom) and chain network (who replies to whom) analyses were performed.

The analysis showed 141,724 unique words from 8695 posters' tweets. The top 10 most commonly used words included "moderna", "severe", "side effects", and "safe" among others. When placed into categories, the posts were positive feelings (47%), negative feelings (33%), time (18%), and price (1,6%). The social network analysis revealed 1949 nodes and 4020 ties via mentioning someone in the post/comment. The direct interactions analysis revealed 926 nodes and 2235 replies between users. First, the results show that discussions about potential side effects and safety of vaccine dominate conversation. Second, the ratio between positive and negative feelings expressed in the tweets confirms previously discussed mixed emotional reactions to COVID-19 vaccination (Chou & Budenz, 2020) and general hesitation (Funk et al., 2020). Lastly, the results suggest that during the vaccine information overload, Twitter is used primarily for information dissemination purposes. Three main clusters highlight different groups of stakeholders that dominate Twitter discussions about the COVID-19 vaccine, with most interactions around the accounts of President Trump (@realdonaldtrump), viral immunologist Dr. Corbett (@KizzyPhD), and Moderna company (@moderna_tx). Thus, direct online communication from the stakeholders in government, healthcare, and science sectors with acknowledgment of peoples' fears may increase vaccine confidence. In sum, these results provide important implications for understanding the nature of information shared during a public health crisis, highlight specific communication patterns in the online environment, and can be useful to improve immunization strategies.

Understanding perceived barriers and benefits to mental health education in Cambodia: An interview study

Pingann Oung, Michigan State University
Har Singhua, Michigan State University
Ashley Sanders-Jackson, Michigan State University

Introduction: A report on mental health and human rights in Cambodia indicates between 10% and 40% of patients with severe mental illness in Cambodia are held against with physical restraints or are caged (McLaughlin & Wickeri, 2017). The complexity of mental health care in Cambodia requires a multifaceted approach. In an ongoing project, we analyze medical records data from a not-for-profit in Cambodia that provides medical care for people who have been caged or restrained. This data includes information about how and why people have sought care and the conditions leading to chaining. Our results suggest that chaining occurs due to limited familial resources, a preference for traditional healing and limited access to effective medical care (Oung & Sanders-Jackson, 2020). In this analysis, we explore the perceived barriers and benefits to engaging in mental health education from existing general medical students in Cambodia in order to understand how to improve medical education to address mental health issues.

Methods: We completed 23 semi-structured interviews between September 10 to October 10 of 2020 in Khmer or English (depending on participant preference). Questions focused on perceptions of mental health care/mental health issues in Cambodia and medical education. We asked for specifics on continuing medical education and other possible interventions. Interviews were transcribed into English. A thematic analysis was completed by two readers (a Communication professor and Cambodian graduate student in the US). Each reader first read 5 messages and came up with a set of themes, which were then discussed and revised. This process was expanded to 10 messages and finally to the entire corpus until consensus was reached. **Results:** We identified 4 primary themes: structural issues with mental health care in Cambodia, improvement in medical educations, barriers and benefits to learning more about mental health for students and unprompted mental health care issues for students.

Structural issues. Students identified a variety of barriers to mental health care including cost, lack of trained medical personnel, limited knowledge of mental health and negative norms around receiving mental health care.

Improvement in medical education. Students identified a variety of barriers to mental health education including lack of knowledge of therapy as opposed to medication, limited exposure to mental-health related training and the need for mental health campaigns generally.

Barriers and benefits to learning. Though some students felt that mental health training was adequate, most felt that more was needed and were willing to allocate personal time to this training.

Unprompted mental health issues. Almost all students brought up personal or familial struggles with mental health, talking about stress or significant familial mental health issues.

Discussion: Our results support our other work, which suggests that structural and social issues impact the ability of severely mentally ill individuals in Cambodia to receive meaningful care. However, it appears that medical students can identify this as a key issue and are willing to engage with additional mental health training. Future research will incorporate faculty perceptions of this issue in order to develop appropriate curricula.

Understanding the FDA's "Every Try Counts" Campaign Message Effectiveness with Eye Tracking Technology

Sojung Kim, George Mason University
Xiaoquan Zhao, George Mason University
Nate Brophy, George Mason University

Cigarette smoking still remains the leading cause of preventable diseases and deaths in the United States: it is responsible for approximately 1 in 5 deaths in the nation yearly (CDC, 2020). In 2019, around 34.1 million adults smoke cigarettes and consequently, more than 16 million people live with a smoking-caused disease in the U.S.. The CDC estimated that 2 out of 3 adult smokers want to quit but the success rate is very low (CDC, 2017). To address this public health challenge, the Food and Drug Administration launched the "Every Try Counts" (ETC) campaign to encourage current smokers to quit permanently through positive and supportive messaging (FDA, 2020). The campaign ads target adult smokers aged from 25 to 54, who have tried to quit smoking within the past year but failed.

As an effort to evaluate the campaign message effectiveness, this study applies the Elaboration Likelihood Model (ELM) framework to examine the role of visual attention when predicting key cessation outcomes such as readiness to quit, information seeking, and quitting intentions. Specifically, this study examines the degree to which the amount of attention paid to different components of the campaign ads would influence cognitive and affective message responses of smokers. The degree to which the cognitive and affective responses to the ads would influence the proposed cessation outcomes was also explored. Most importantly, the study further investigates if the cognitive and affective responses to the campaign ads would mediate the relationships between campaign message attention and these outcomes. A total of 90 current smokers were recruited through May between December of 2019. After excluding 10 who had incomplete data, the final sample included 80 current smokers. Upon their arrival to a research lab, all participants completed a pretest, an eye tracking portion of the experiment, and a posttest.

The final sample was 49.4% male and 46.8 % White, with participants ranging in age from 18 to 36 years old ($M = 21.22$, $SD = 2.86$). Around 72 % completed some college or higher education and a half of the participants earned \$50,000 or higher income. Roughly 60 % were daily smokers and 20 % smoked cigarette within 30 minutes of waking up. Around 78 % had quitting attempts but 80 % had relatively low quitting motivation. The results showed that only attention to the FDA logo was significantly related to improved cognitive and affective campaign message responses. Attention to all other areas of the campaign ads did not contribute to enhancing the responses. All cognitive and affective responses, however, showed strong positive associations with all three cessation outcomes. For the mediating relationships, only attention to the FDA logo significantly contributed to facilitating all cessation outcomes, mediated through more positive affective responses to the campaign ads. The cognitive responses to the campaign ads only mediated the relationship between attention to the FDA logo and information seeking intention. Theoretical, methodological, and practical implications of the findings are further discussed.

Use of Information and Communications Technology (ICT) during COVID-19: Motivating Factors and Implications

Yi-Ching Lee, Department of Psychology, George Mason University
Sojung (Claire) Kim, Department of Communication, George Mason University
Lindsey Malcein, Department of Psychology, George Mason University

The use of information and communications technology (ICT), such as computers, smart phones, and televisions during COVID-19 public health crisis, can be associated with various physical, psychosocial, and mental health outcomes. Empirical studies have reported an increasing trend of ICT use and higher risk of excessive internet use during COVID-19 quarantine or lockdown. This increased use may be driven by disrupted daily routine, need for telework and online schooling, anxiety due to uncertainty about the future, and need for entertainment, news, and social connectedness. Individual differences such as personality traits may also affect the degree to which ICT use influences feelings of social connectedness.

The current study utilized an online survey to further examine the role of ICT on the perceived importance of social connectedness and the feeling about the future during this pandemic. Data was collected via Amazon Mechanical Turk during the week of April 20, 2020. Individuals who held the status of a Mechanical Turk master, was an adult, and resided in the USA were eligible to participate. Several validated psychosocial scales (i.e., need to belong scale, fear of missing out scale, perceived attachment to phone scale, habitual smartphone/internet behavior scale, the self regulation scale, boredom proneness scale, and the abbreviated version of the big five inventory) as well as questions related to ICT use, pandemic-related reactions and actions, and demographics were included. On average, participants took 16 minutes to complete the survey. The sample consisted of 219 men and 175 women, with ages ranging from 20 to 76.

The first logistic regression was used to model the relationship between the perceived importance of social connectedness (low vs high) and the psychosocial, ICT use, and demographic variables. The model had an overall accuracy of 72.80%. For each one-point increase on ratings of extraversion, conscientiousness, need to belong, perceived attachment to phone, and number of ICT as news source, there were odds of higher importance of social connectedness by a multiplicative factor of 1.34, 1.47, 1.11, 1.33, and 1.31, respectively. In addition, women were 2.17 times more likely than men to report higher rating on importance of social connectedness.

The second logistic regression was used to model the relationship between participants' feeling about the future (positive vs negative) and the psychosocial, ICT use, and demographic variables. The model had an overall accuracy of 67.60%. For each one-point increase on the neuroticism scale there were odds of feeling negatively by a multiplicative factor of 1.41. With one-hour increase on using social media, emails, etc. to stay socially connected, participants were 1.10 times less likely to rate the feeling about the pandemic negatively. Participants who thought the pandemic was a threat to their health and safety were 6.51 times more likely to rate their feeling about the pandemic negatively.

These results demonstrated that the use of ICT was associated with a number of personality, health, and social implications. This research emphasizes the importance of having a balanced perspective on monitoring ICT use while allowing users to take advantage of the technology.

Using the Health Information National Trends (HINTS) Survey to Explore Impacts of Health Information Technology on Caregivers

Victoria Nelson, Michigan State University
Katie Mitchell, Michigan State University

Objective: Approximately 25 percent of US adults participate in some type of caregiving for others. Caregiving requires a great deal of responsibility and can have negative impacts such as depression and anxiety for the caregiver. Caregiving can also create negative physical manifestations, such as high blood pressure and addictive behaviors. Health information technology, including patient portal usage, can alleviate some of the negative impacts on caregivers and improve overall health outcomes and well-being. In this paper, we explore how health technology use impacts caregiver health and how sociodemographic factors are related using data from the Health Information National Trends Survey (HINTS).

Methods: Data for this study were obtained from the HINTS 5, Cycle 2, which was collected in 2018. HINTS is completed through a mailed questionnaire to a nationally representative US sample through a random selection of respondents. The HINTS survey was completed by 3,504 respondents, and 483 respondents identified themselves as a caregiver in 2018. Participants were chosen based on their response to one question related to their caregiving status, and those who were not caregivers were removed from the sample. Caregivers self-identified as caring for any combination of child, spouse, parent, friend, other family members, or as someone who provides care professionally. Variables of interest included caregiver relationship type, general technology use, patient portal use, and overall health status. Sociodemographic factors that were considered were age, marital status, gender, and income.

Results: The results indicate that the type of caregiving role has an effect on portal use, $[F(7,482)=2.119, p <.05]$, and technology use $[F(7, 462)=2.625, p = .01]$. Post hoc Tukey HSD comparisons indicated that caregiving for a child ($M = 1.45, SD = .31$) was significantly different than the caregiving for another family member ($M = 1.61, SD = .31$). There was not a significant effect of portal use on caregiver health. However, there was a significant effect of technology use on overall health ($t = 2.074, p = .04$). There was also a significant effect of demographics on portal use $[F(7,482) = 7.022, p <.001]$ and on technology use $[F(7,462)= 15.999, p < .001]$.

Conclusions: Health technology has the potential to improve the overall health of caregivers, but legal and technical barriers remain for the use of portals. A connection between general technology use and better self-reported overall health should be further explored to understand better why technology might drive better health outcomes. In addition, more research is needed into portal use for caregivers. Furthermore, this study affirmed that demographic inequalities can negatively impact technology and portal use, which can reduce the burden on caregivers of all types.

Variability of COVID-19 noncompliance reporting and penalties at Indiana universities: A content analysis

Whitney L. Tipton, University of Indianapolis, Department of Communication

Monica L. Casting, Purdue University, Department of Public Health

Katharine J. Head, Indiana University-Purdue University Indianapolis, Department of Communication

Clarissa Bowers, Indiana University-Purdue University Indianapolis, Department of Communication

Madeline Powers, Purdue University

Gregory D. Zimet, Indiana University School of Medicine

As of November 2020, the United States is seeing a record-breaking prevalence of COVID-19 and a death toll of over 260,000. Amidst the crisis, we still have little evidence-based information regarding which programs are most effective for addressing noncompliance with mitigation behaviors or the impact of penalizing those who choose to ignore recommended COVID-19 mitigation behaviors (e.g., mask-wearing, social distancing). Institutions of higher education present a unique context as they attempt to simultaneously protect public health on campus and in their communities while managing strategic communication with internal and external stakeholders.

In the present study, we analyze the absence, presence, and characteristics of COVID-19 compliance communication from all colleges and universities in Indiana (N=49). As part of a larger study examining higher education responses to COVID-19, we developed a codebook of key issues, completed coder training and pretested the codebook with a small sample of schools, refined codes and resolved discrepancies, and then two coders proceeded to code 10% of the data independently and concurrently. After establishing strong intercoder reliability (Cohen's kappas = 0.74-0.95), and consistent with guidance from Krippendorff, the remaining schools were coded. Data came from public-facing university websites, social media sites, university press releases, and news stories about universities. Coding was conducted between October 1-November 15, 2020.

Most of the schools included in the study were private (61.2%; n=30) or public (30.6%; n=15) institutions. Average undergraduate enrollment was 6,105 students (SD=12,455), and mean female enrollment was 53.7% (SD=16.9). Of these schools, 46.9% had public-facing websites for reporting noncompliance, 42.9% required community agreements/contracts for faculty, staff, and students (i.e., to abide by the university COVID-19 protocols), 40.8% listed penalties for breach of contract/community agreement (i.e., improper use of PPE, creating unsafe conditions), and 12.2% required training or education for stakeholders around these COVID-19 protocols.

Results show considerable variability in Indiana colleges' and universities' use of education, communication, and penalties for noncompliance with COVID-19 mitigation protocols. While requiring contracts and providing channels for reporting noncompliance may be helpful, students, faculty, and staff may need additional support to navigate this crisis, including stronger education about specific university COVID-19 protocols, and guidance for properly reporting noncompliance. This is similar to bystander interventions which have been used in health contexts such as smoking, bullying, suicide, and sexual harassment and assault on college campuses. In those contexts, however, stakeholders received training and support for reporting and addressing deviant behavior, suggesting that training may be essential for ensuring successful interventions. Research is also needed to understand stakeholders' (i.e., students, faculty, staff, parents, and others) perceptions of these policies, and how penalties for noncompliance may influence behaviors. Based on the significant variability in the findings above, more work is needed to develop evidence-based strategies for compliance and reporting of non-compliance during a pandemic like COVID-19, to ensure that universities are using the best strategies to mitigate the spread of the virus.

Wearing A Mask in South Korea: How Ethical Ideology Affects Behavioral Intention to Wear a Mask During the COVID 19 Pandemic?

Surin Chung, Ohio University

Euirang Lee, Ohio University

Suman Lee, University of North Carolina at Chapel Hill

Wearing a mask in public areas during COVID-19 has been a controversial issue across the countries in the world. Despite the increasing COVID-19 cases and deaths in the world, people in some countries still refuse to wear a mask in public areas whereas people in other countries strictly follow the precautionary measures of using masks in their everyday life. South Korea is one of the countries that most people have steadily worn masks during the COVID-19 pandemic. What are the perceptual and ethical reasons that lead South Koreans to wear a mask in public areas?

The present study explores how four variables, including perceived threat to freedom, relativism, idealism, and attitude, affect people's behavioral intention to wear a mask in South Korea. To be specific, we hypothesized that perceived threat to freedom has an indirect effect on behavioral intention to wear a mask in public areas through attitude. Also, by applying the mechanism of Ethics Position Theory (Forsyth, 1980), we hypothesized that a negative relationship between perceived threat to freedom and attitude will be stronger when idealism is low, and weaker when idealism is high. Also, we proposed a hypothesis that a negative relationship between perceived threat to freedom and attitude is stronger when relativism is high, and weaker when relativism is low.

To test hypotheses, this study conducted a cross-sectional survey in South Korea. We recruited participants to the survey using an online panel company, Macromill Embrain, in early September. A total of 600 participants were used for analysis. PROCESS macro (i.e., Model 4 and Model 9) was used with 5,000 bootstrapping sample procedure to test hypotheses (Hayes, 2013).

The results showed that perceived threat to freedom had a significant indirect effect on behavioral intention via attitude. Also, the direct effect of perceived threat to freedom on behavioral intention to wear a mask was significant, which indicated that attitude toward wearing a mask partially mediated the effects of perceived threat to freedom on behavioral intention to wear a mask. Second, the results revealed that idealism did not significantly moderate the indirect effect of perceived threat to freedom on behavioral intention through attitude. Lastly, the results showed that relativism significantly moderated the indirect effect of perceived threat to freedom on behavioral intention through attitude. That is, the mediating effect of attitude in a negative relationship between perceived threat to freedom and behavioral intention was stronger at a higher level of relativism.

Theoretically, the study contributed to developing the knowledge of how perceived threat to freedom influences complying with recommended health behaviors to address a pandemic in an Asian culture. Practically, this study provides an insight that public health officials may need to incorporate the notion of ethical ideologies into developing recommend health behaviors for future pandemic control and prevention.

What can we learn about #BlackHealth on Twitter? Does #BlackHealthMatter?

**Rhyan N. Vereen, University of North Carolina at Chapel Hill
Matthew McCurdy, BLKHLTH, Inc.**

Background: Despite decades of research, health disparities persist among Black Americans. Scholars seeking to intervene and achieve health equity may benefit from identifying online communities with similar interests and increasing understanding of the content (e.g., health topics, links to additional information, imagery) being shared between members of these communities. One method of gaining access to this information may be via inveillance of Twitter content.

Objective: The aim of this study was to characterize the content of Twitter posts (tweets) related to Black health.

Methods: A content analysis was conducted on publicly available tweets made between March 1, 2020 and April 30, 2020 that contained the hashtags #BlackHealth and/or #BlackHealthMatters. A total of 1,123 tweets were collected. Original tweets that were made from a United States-based Twitter account were included in analyses. Two independent coders coded tweet text (e.g., health topic, purpose, tone), imbedded links (e.g., source), and images (e.g., human imagery, race, valence). Twitter user profiles were also used to code user characteristics. Codes were developed by reviewing tweets from months preceding the study time frame and revised, as needed, during coder training. Intercoder reliability (Krippendorff's $\alpha \geq 0.83$) was established prior to coding main study data.

Results: A total of 268 unique tweets were posted by 119 unique users. Some users reported a health-related affiliation within their user profile (e.g., health-related organizations, medical professional, public health professional, self-proclaimed advocate; 55.2%), others did not (44.8%). Only 3 users had verified accounts. The most frequently mentioned health topic was the coronavirus/COVID-19 ($n=109$, 40.7%), followed by non-tobacco health behaviors ($n=40$, 14.9%) and mental health ($n=35$, 13.1%). The highest proportion of tweets were personal (32.1%), though a sizeable amount promoted wellness activities (18.3%), provided health-related claims or information that was evidence based or could be tested for veracity (17.5%), or advertised an event (16.8%). Most tweets contained a link (61.2%), with the majority of the links being to a .com url (72.6%). About half (52.4%) of the links directed users to another social media post, though 28.7% pointed users to a health-related informational webpage. Most tweets contained an image (65.7%), specifically images of people (64.8%). The people in these images were primarily Black (87.0%). The same amount of people displayed positive (i.e., happy; 39.1%) and negative (i.e., sad, serious; 39.1%) emotions. The emotions on the faces of the remaining people could not be seen (21.7%). The most common non-human image was of written recommendations or information ($n=29$, 46.8%).

Conclusions: This study provides insight into content about Black health being shared on Twitter. Users, comprised of both health professionals and general audiences, shared personal and informational content about emerging health issues in the Black community (i.e., COVID-19). Future research is needed to determine how to best use findings from inveillance studies to build collaborations and inform targeted social media health communication campaigns to increase awareness of and improve Black health.

What's for dinner? Food inequities during the COVID-19 pandemic.

Julia Kish-Doto, Marymount University
Emma Driscoll, Marymount University

The COVID-19 pandemic has changed how we eat and shop for food. From attempting to limit trips to the grocery store to wondering about what to cook for our next meal, consumers have been forced to think more about their diets than ever before. Guidelines encouraging people to stay home as much as possible have impacted individuals differently when it comes to their diets.

Data shows that the pandemic has had a positive impact on the diets of individuals from higher socio-economic backgrounds. However, individuals from lower socio-economic backgrounds have experienced the opposite effect. Reductions in salary, lack of access to free and reduced school lunch programs due to distance learning, and limited access to stores with Supplemental Nutrition Assistance Program (SNAP) benefits, are just a few of the reasons for this discrepancy.

We will examine how the pandemic is impacting the diets of African Americans. African Americans have higher levels of co-morbidities such as diabetes, hypertension, and heart disease placing them at higher risk for contracting COVID-19. A healthy diet can play a role in the primary, secondary, and tertiary prevention of these conditions. Yet, the feasibility of such a diet isn't consistent across races. How a healthy diet is marketed to the public varies. There is a strong body of evidence showing food marketers advertise nutritionally poor products to African Americans at a substantially higher rate than Caucasians. In addition, access to healthy foods is not equitable between races.

Researchers acknowledge systemic changes at medical, environmental, and political levels are needed to focus on minimizing health-related inequities. Numerous recent articles, such as those published in JAMA (Yancy, 2020) and the New England Journal of Medicine (Belanger, Hill, Angelidi, Dalamaga, Sowers, & Mantzoros, 2020) call for changes in the wake of COVID-19. But systemic changes are traditionally slow, whereas social media arenas and commercial health markets are agile and require adaptations in real time. We'll discuss how commercial food marketers have responded during the pandemic to promote their products using emotional and humorous appeals to attract low socioeconomic audiences. Recommendations for leveraging these commercial approaches in future health communication efforts will be provided.

Why do you want to know more? Efficacy assessments as influencing factors of uncertainty preferences

Elena Link, Hanover University of Music, Drama and Media, Department of Journalism and Communication Research

Eva Baumann, Hanover University of Music, Drama and Media, Department of Journalism and Communication Research

Health challenges can cause feelings of uncertainty that individuals intend to reduce, increase or maintain (Brashers, 2001). Those goals are connected to different information seeking and avoiding behaviors. The combination of goals and strategies of uncertainty management build four uncertainty preferences: to reduce or increase uncertainty by information seeking, to maintain uncertainty by information avoidance or avoid an increase of uncertainty by insufficient information (Carciooppollo et al., 2016). As different uncertainty preferences remain understudied to date, our aim is to understand what drives people to seek or avoid information through a more differentiated look at the underlying uncertainty preferences (Barbour et al., 2012; Narayan et al., 2011; Sweeny et al., 2010).

Our starting point to explain different uncertainty preferences are individuals' efficacy assessments (Afifi & Weiner, 2004, 2006). We aim to expand and explore the role of these efficacy assessments in more detail by examining the degree to which stable, individual trait factors influence uncertainty preferences (Case et al., 2005). We particularly pay attention to coping efficacy of individuals' threat management (Taber et al., 2015; Taber et al., 2016), health-related communication and source efficacies (Afifi & Weiner, 2004, 2006). Coping efficacy considers individuals' internal health locus of control, self-esteem, spontaneous self-affirmation, dispositional optimism and social support. Communication efficacy is covered by health literacy and source efficacy is pictured by trust in information sources.

To explore the influencing factors of various uncertainty preferences, we conducted an online survey via an Online Access Panel in Germany – stratified by age, gender, education and region (N = 3,000; M = 44.3 years; SD = 14.3; 50% female).

The findings of four regression analyses showed that efficacy assessments explained a higher amount of variance of reducing ($R^2 = .216$; $p \leq .001$) and increasing uncertainty by information seeking ($R^2 = .173$; $p \leq .001$) than for maintaining and avoiding an increase in uncertainty by information avoiding (maintain uncertainty: $R^2 = .087$; avoid an increase of uncertainty because of insufficient information: $R^2 = .038$). We found similar influencing patterns of efficacy assessments for all uncertainty preferences suggesting that efficacy assessments provide a basis for uncertainty management as they are purposeful behaviors that require certain resources. Only health literacy as communication efficacy was positively associated with reducing and increasing uncertainties by information seeking and negatively associated with both preferences applying information avoiding.

A better understanding of uncertainty preferences enriches the understanding of information seeking and avoiding behaviors, which is essential for promoting health and individuals' empowerment. The findings help to design better information environments and find effective ways to distribute health information to different target groups. Health literacy is a distinguishing factor between uncertainty preferences by information seeking and avoiding behaviors. Information avoiding caused by a lack of information skills is assumed as problematic. This underlines the need to promote health literacy and to use interventions to promote communication skills in different target groups, e.g. subpopulations with high defensive tendencies.

“Working as my own pancreas is a full-time job”: Health Influencer’s Responsibility Framing of Type 1 Diabetes on Instagram

Annemarie Wiedicke, University of Erfurt

By selectively stressing causes and treatment options for health issues, responsibility frames attribute responsibility to individuals, their social network (e.g., family, friends) or society (Daube et al., 2020; Iyengar, 1990). These frames play a key role in the formation of public opinion by affecting attributions of responsibility (Gollust et al., 2013) and intentions for individual health behavior, interpersonal behavior or societal participation (Sun et al., 2016).

Although research highlights the importance of an individual’s social environment and social support for preventing and treating chronic health issues like diabetes (e.g., Atkinson, 2012; DiMatteo, 2004; Vissenberg et al., 2017), most studies on responsibility framing lack the perspective of the social network (e.g., Kim & Willis, 2007; Stefanik-Sidener, 2013; Yoo & Kim, 2012).

Our study aims to address this research gap by differentiating between three levels of influence: individual, social network and society. As health influencers [1] on Instagram have become a major new source of health information, social validation and social support (Fergie et al., 2016; Heiss & Rudolph, 2020; Pretorius et al., 2020), we chose to focus on the responsibility framing of type 1 diabetes (T1D) by health influencers on Instagram. We therefore conducted a quantitative content analysis of N = 280 posts by 14 T1D health influencers (20 posts per influencer). All variables showed sufficient values of reliability (Krippendorff’s Alpha ≥ 0.70).

In contrast to how the news media discuss responsibility for diabetes (Stefanik-Sidener, 2013), the health influencers in our sample barely address causal responsibility for T1D: Only n = 2 posts mention causes for T1D. However, the majority of the posts in our sample (51.4 %, n = 144) contain treatment responsibility frames. In all of them, treatment responsibility is assigned to the individual. 28.5 % (n = 41) of them assign treatment responsibility to the social network and 22.9 % (n = 33) of all posts addressing treatment responsibility (n = 144) include societal treatment responsibilities.

Our results are significant with regards to social media’s impact on a new, wider audience for discussing health topics, their increasing importance as platforms for pointing out lacks in health care (Adams, 2011; Blair & Abdullah, 2018), as well as the role of responsibility frames in forming public opinion (Gollust et al., 2013): They show that the portrayal of responsibility for T1D on Instagram is constructive, as treatment options and barriers are frequently addressed. While individual responsibility is extremely emphasized (even more so than in news media coverage), treatment responsibility is also commonly attributed to the social network and the society, reflecting in fact that health and chronic conditions in particular are affected by more than just individual determinants.

[1] Heiss and Rudolph (2020) define health influencers as “social media users who have built a reputation for posting content on a specific health-related topic and who have already attracted a large follower community paying close attention to their posts” (Heiss & Rudolph, 2020, p. 3).