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Edited by

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*Top Poster Award

**Top Early Career Scholar Award

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ActNOW: A Feasibility Study of a Tailored Diagnostic Tool for Perinatal Depression

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Un-treated depression has been shown to have the largest effect on worsening health worldwide compared with the other chronic medical conditions, and depression is twice as common in women. In the US, approximately 500,000 babies are born yearly to mothers with Major Depressive Disorder, up to 75% of whom are un-treated.

Despite the recent increased public attention and research on perinatal depression, most women remain untreated, conferring costly and burdensome risk to the mother and child. Most of the funded and published intervention studies have focused on postpartum depression, a time period when most women will not access healthcare services and important prenatal impact and prevention opportunities are missed. In practice, no evidence-based antenatal depression care interventions have been successfully implemented in obstetrics settings in the US. This paper reports on preliminary results of a pilot study testing a tailored iPad-based screening and diagnostic tool administered to pregnant women in obstetric settings. The ActNow project (Advancing Care and Treatment to Enhance Outcomes for Women) utilizes a tailored, patient-centered mobile health intervention designed to improve the detection of depression and encourage treatment seeking among pregnant women in community-based prenatal settings. It is conceptually designed to address the main perceived barriers to depression screening and treatment in these settings by incorporating motivational interviewing methods into a patient-centered screening tool and clinical decision aid that can generate tailored recommendations and referrals for follow-up treatment. The tool is also designed to provide tailored recommendations and referral to help link women with critical follow-up care. The pilot was conducted at a local obstetric clinic with about 20 women and two OB-GYNs to determine the feasibility and acceptability of using the tool for identifying at-risk women and to determine any workflow and usability issues related to the use of the tool in the clinic setting. We collected survey data and interviewed the clinicians to determine how best to improve the tool in preparation for a larger field study. Preliminary results show that patients found the screening tool to be easy to use and very helpful in starting conversations with their doctors. The clinicians were enthusiastic about the ability to flag patients and identify tailored and critical resources for follow-up care. This project is novel because: 1) Screening for depression in obstetrics is recommended by regulatory agencies and may even become mandated practice in the US, but no studies have tested strategies for follow-up care, and linkage to care is key to depression recovery; 2) Existing depression care management models in primary care rely heavily on the ability of the on-site physician to prescribe anti-depressant medications, which is often not a viable treatment option during pregnancy given safety concerns and treatment preferences; 3) Referral out for depression care is in line with patient preferences, current practice, and payment structure in obstetrics, but no strategies have been tested to optimize this. Our group and others have shown clear evidence that follow through with outside referral is poor without strategies to enhance engagement.

African-American Women's Perspectives on Breast Tissue Donation for Research: Implications for Recruitment

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African-American (AA) women are more likely than other racial groups to die from breast cancer (BC), are more susceptible to triple-negative BC, and their tumors are often found at a more advanced stage, narrowing the choice of treatments available to them [1, 2]. Because BC affects minority women differently, it is vital that collections of genetic data in breast cancer clinical research be representative of all those affected by the disease. Unfortunately, AAs often hesitate to participate in clinical trials given their historical mistrust of researchers and the medical community [3, 4]. Despite this, ethical and scientific integrity demand that clinical research include appropriate representation of AAs. The current study focuses on the Komen Tissue Bank (KTB), a clinical trial involving a biobank of healthy breast tissue and blood collected from female donors used as normal controls for BC research [5]. Though donations from African-Americans to the KTB are increasing, this group is still underrepresented.

This study was framed by the Integrated Behavioral Model (IBM) and examined beliefs, attitudes and perceived norms that influenced AA women's donation intentions and behavior. Previous AA donors to the KTB (N=71) responded to an email questionnaire. Sample questions included "How did you feel about donating your breast tissue?", "Did you experience any mental difficulties in donating, with respect to your race or ethnicity?", and "How did your friends and family members feel about you donating?" The IBM was used as a sensitizing framework for analyzing the data through the constant-comparative method [6, 7], producing three themes. First, participants expressed positive instrumental donation attitudes, including a desire to help with BC research, to have AA women represented in the research, and to honor someone they knew who had BC. Second, despite some expressed lack of support from family and friends, most participants discussed the positive power of norms with respect to donating. In fact, many said that because they were first in their social networks to donate, they actually generated a new norm (post-donation) for their female friends and family members to consider donation, creating a "legacy norm" by setting an example for other AA women to follow. Third, participants acknowledged the negative history of African-Americans in medical research, but also discussed that because BC is so prevalent for them, they have a responsibility to be a part of the solution by participating in the KTB study. Participants believed that messages recruiting AAs to the KTB should explicitly acknowledge race as an important issue and that involving their communities more deeply in the research process could help increase donors from this group. In conclusion, this study revealed important beliefs, attitudes and normative influences for African-Americans who had previously donated breast tissue to the KTB. These findings will inform future health communication efforts to recruit women from this racial group to donate breast tissue. This study also has implications for others who do clinical research and have difficulty in recruiting African-Americans into their studies.

African American College Students' Perceptions of Mental Health Messages: Examining Use of Targeting and Metaphor

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African American college students (AACS), particularly those between the ages of 18 and 25, are at increased risk for onset of severe mental illness (Hunt & Eisenberg, 2010; Tanner & Arnett, 2009) due to the combined risk factors of age and race (U.S. Department of Health and Human Services, 2001; Kessler et al., 2005). Despite the greater burden of mental illness experienced by young adult African Americans, they use mental health services less than other groups (older African Americans or Caucasians of any age; Davis & Ford, 2004; Hunt & Eisenberg, 2010; Kearney, Draper, & Baron, 2003). Adverse consequences of untreated mental illness may exacerbate societal-level problems experienced by AACS at higher rates than Caucasians (Carey, 2008; National Science Foundation, 2011; Russell, 2010).

Given the cumulative vulnerabilities of race and age on incidence of mental illness for AACS, it is crucial to examine factors that may increase utilization of mental health services among this population, including health messaging. This study pilot tested messages promoting mental health services to AACS. The purpose was to examine cognitive responses of AACS to messages differing in targeting (generic/targeted) and use of metaphor (metaphorical/literal), using cognitive response testing (e.g., Carbone et al., 2002).

We conducted interviews with a purposive sample of 36 AACS at a U. S. Midwestern university, who indicated no previous mental health service use. Our research assistant conducted semi-structured individual interviews using cognitive response testing. Two of four messages were randomly selected to show each participant (via tablet), one at a time. Messages included visual and written components and addressed variables from the extended parallel process model (Witte, 1994). Messages focused on college students in general or AACS specifically and used metaphorical or literal language to explain information about mental illness and mental health services. Two independent coders used NVivo software to code interview transcripts using thematic analysis (percent agreement = 88.75%), then ran queries in Nvivo on message-related perceptions.

Analyses revealed differences in responses across message types related to personal relevance and threat perceptions. Participant responses to literal messages, compared to metaphorical messages, featured far more references to specific mental illnesses (e.g., depression), with several participants indicating that they know someone who has a mental illness. Responses to targeted messages, compared to generic messages, included substantially more references to the health condition referenced in the message, indicating that participants found the health condition (e.g., diabetes) in the targeted message more personally relevant. Responses to metaphorical messages led to extensive references to the car metaphor in the message. Many participants found the metaphor to be useful for thinking about mental illness and mental health services, but several participants indicated not liking the metaphor because it decreased perceptions of mental illness severity. Considering the results, it may be prudent to combine literal and metaphorical language in targeted messages for AACS. Literal components may prompt recognition and understanding of multiple mental illnesses and symptoms, while metaphorical components may enhance personal relevance.

African American Women Living with HIV/AIDS: Identity, Motherhood, and HAART Adherence

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Background. Despite making up just 12% of the total U.S. population, African Americans accounted for an estimated 44% (20,900) of new HIV infections in 2010. Approximately 29% (6,100) of these new infections occurred among African American women. The proliferation of highly active antiretroviral therapy (HAART) has, in recent years, been credited with increasing survival rates and improving quality of life for those with HIV/AIDS. Despite the proven effectiveness of HAART, African Americans, in general, and women, in particular, are less likely to receive HAART and/or to adhere to their prescribed treatment regimens.

Over the past decade, concerted efforts have been made to improve HAART access and adherence among African American women. Linking this population to appropriate care, however, requires that scholars and practitioners understand the unique needs of African American women living with HIV/AIDS. Despite this need, there is a relative dearth of research focusing on HAART adherence among African American women. The present study addresses this gap in the research literature by investigating perspectives on antiretroviral therapy adherence among a sample of African American women living with HIV/AIDS.

Method. The study included 50 women who lived in an Urban Mid-South community of the United States. Participants were recruited from a local nonprofit organization that provided non-clinical services to the women and their families. Data collection involved in-depth, semi-structured interviews, which lasted approximately 90-120 minutes. We then used a grounded theoretical approach (Strauss & Corbin, 1998) to analyze the transcribed interview data.

Findings. As the women in our sample described their experiences living with HIV/AIDS, they largely did so from their perspective as mothers - mothers who felt obligated to prioritize their children ahead of themselves. Building from this "mothers first" identification (Basu & Dutta, 2011), we developed four thematic categories that describe how this orientation influenced participants' antiretroviral adherence and other forms of HIV-related self-care: (1) experiencing HIV/AIDS through the lens of motherhood, (2) struggling to keep up while protecting children from HIV/AIDS, (3) children as a simultaneous source of motivation and guilt, and (4) prioritizing children's needs over HAART adherence and self-care.

Discussion. Our findings suggest a complex relationship between identity, motherhood, and HIV/AIDS care. Recent studies note that women engaged in sex work in the Global South were willing to put themselves at risk of HIV infection in order to provide for their children; we discovered that, in a similar manner, the women in our study often prioritized their children's needs at the expense of HAART adherence and HIV/AIDS-related self-care. This finding suggests that identifying the links between HIV/AIDS and identity can offer practitioners an improved understanding of how patients experience their illness/treatment while also serving as a crucial point of intervention. The findings also demonstrate how medication adherence and self-care are linked to participants' sense of self-/HAART-efficacy and insufficient resources (e.g., economic instability & caregiving support). Finally, the results also highlight the paradoxical role of children as simultaneous sources of motivation and guilt for their mothers-a finding that underscores the continued impact of HIV/AIDS-related stigma.

Age Differences in Preference for and Understanding of Graphical Formats Presenting Risk Information

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Background: Medical decisions for older adults are often complicated. Decision aids might have potential to support decision making. Although inclusion of graphical information in decision aids is strongly recommended by the International Patient Decision Aid Standards [IPDAS], there is little consensus regarding which methods for conveying information are most likely to achieve the best level of understanding about treatment risks in older people. The aim of this study was to investigate younger (< 65) and older (> 65) adults' preference for type of numerical communication format and to assess the ability of six numerical communication formats to impart knowledge about treatment risks in a hypothetical medical decision making scenario. Secondary objective was to examine the contribution of factors such as numeracy, graph literacy and health literacy explaining understanding in younger and older adults.

Method: Participants (n = 446) were generated by an ISO certified market research company. They were first exposed to a storyboard presenting six pairs of communication formats in a random order, i.e. bar chart, pie chart, pictograph, table, modified pictograph or "sparkplug" and modified pie graph or "clock". The formats contained information about the risks of two hypothetical cancer treatments (radiotherapy and surgery). To assess preference, participants were asked to choose the pair of formats that was most appealing to them. In the second part of the questionnaire, they were randomized to receive numerical information about the risks of two hypothetical hernia treatments (medication and surgery) in one of the same six types of numerical communication formats. Main outcome variables were verbatim (specific numerical) and gist (general impression) knowledge. In addition, numeracy, graph literacy and health literacy were measured.

Results: The questionnaire was completed by 219 younger (M = 43.30, SD = 13.66) and 227 older (M = 72.71, SD = 5.57) participants. There were no differences in gender or education. Most participants chose for the clock (younger 28.8%; older 28.6%), the bar chart (younger 22.4%; older 23.8%) or the pie (younger 24.2%; older 18.5%). However, these formats, except for the bar chart, were not well understood. The clock scored significantly lower on both verbatim knowledge and gist knowledge in the older group than in the younger group. The pie scored in both groups significantly lower on verbatim knowledge than all other formats. The bar chart on the other hand, resulted in high verbatim and gist knowledge in both groups. The table yielded comparable high verbatim knowledge scores, although only 15.6% of the younger group and 12.3% of the older group chose this format. Gist knowledge of the table was significantly higher in the older group than in the younger group. As the data just came available, we were not yet able to analyze the role of numeracy, graph literacy and health literacy, but these results can be presented during the conference.

Conclusion: Bar charts were among the most preferred formats and resulted in high knowledge scores in both younger and older people. Results indicate that the use of tables can also improve understanding in older people.

Am I in Danger Here? Incorporating Organizational Communication into an Extended Model of Risk Information Seeking at Work

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According to the latest Census of Fatal Occupational Injuries, there were 4,405 fatal work injuries in 2013 (U.S. Bureau of Labor Statistics, 2014). Given the frequency of on-the-job injuries and fatalities, this study calls attention to the need for research that investigates how to build a culture of health and safety within organizational settings. Whereas previous literature tends to focus on either an individual's decision to promote their personal health, or the way an organization creates a climate of safety, this study fills a gap in the literature by drawing attention to the relationship between organizational and individual-level influences on employee risk information seeking behavior. To capture the broad mechanisms motivating and constraining risk information seeking within organizations, this study draws on uncertainty management (Brashers, 2001) as well as structuration theory (Giddens, 1984). Using these two theoretical frameworks, this study extends the Planned Risk Information Seeking Model (PRISM: Kahlor, 2010) to (a) include organizational-level variables, and (b) account for the information seeking sources and strategies used by employees.

In an effort to address how the information seeking culture of an organization promotes or obscures employees' health decisions, this study surveyed oil refinery workers (n = 229) at a major oil and gas company in Houston, Texas. The participants of this study responded to a questionnaire that assessed the organizational norms for risk information seeking, their personal risk perception, attitude toward seeking information about their health and safety, perceived control over information seeking at work, as well as their personal preferences for seeking information. The data was analyzed using structural equation modeling (SEM) through the statistical software, AMOS. The results of this study are in progress, since the author is currently analyzing the data. This work is part of the author's dissertation study, which will be defended by the conference. Considering the conference theme, this study contributes to the literature on building healthier organizations by addressing the communicative explanations behind the injury and fatality rates within high-reliability organizations. With a more complete picture of the information seeking process within organizations, scholars and practitioners tasked with creating safer work environments can better identify barriers to risk information seeking.

An Analysis of Celebratory Drinking and Related Facebook Activity on College Campuses

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Excessive alcohol consumption on college campuses becomes even more prevalent on celebrations (e.g., holidays and sporting events; Neighbors et al., 2007; Roche & Watt, 1999). St. Patrick's Day (STPD) has long been associated with excessive drinking among college students (Henslee, Buckner, & Irons, 2015; Tremblay et al., 2010). Past research showed excessive celebration drinking is strongly influenced by perceived social norms, including both descriptive norms (what people think others actually do) and injunctive norms (what people think others should do; Cialdini, Reno, & Kallgren, 1990; Neighbors, Oster-Aaland, Bergstrom, & Lewis, 2006; Neighbors et al., 2007). Per the social norms approach (SNA), misperceptions about normative beliefs about alcohol consumption lead students to overestimate others' drinking, and in turn increase the likelihood of their own excessive alcohol consumption as they try to "live up to" the perceived norm.

Observable behaviors, direct and indirect communication, and knowledge of the self are three factors that influence individuals' perception of norms (Miller & Prentice, 1996). All three factors are readily accessible via social media. Others' drinking behaviors are observable through looking at others' posts, which yields peer influence and forms perceptions of descriptive norms. Alcohol-related displays in social media can represent having more friends and an active social life. This is problematic since alcohol related posts foster increased drinking from the person who posts as well as in others who see the content. The possibility of misperceiving social norms may increase due to exposure to friends' posts on Facebook, especially during specific context and time of the year where displays of alcohol references tend to elevate (Moreno et al., 2014) such as STPD.

However, not all Facebook friends are the same. Close friends could influence normative beliefs more strongly than acquaintances. Therefore, we focus on tie strength of participants' Facebook friends. A tie is an interpersonal relationship between family, friends, or acquaintances. Strong ties include family or close friends, whereas weak ties include acquaintances or loose connections (Granovetter, 1973). On Facebook, close ties are friends with whom one interacts on a daily basis, where weak ties are mere acquaintances among one's list of Facebook friends.

This poster reports results of a survey of college students at a large, Midwestern university (N = 511). Participants indicated the number of drinks they consumed on last year's STPD, as well as their perceptions of drinking among fellow college students, close Facebook friends, and Facebook acquaintances. They also indicated their posting and interacting with others' alcohol posts on STPD. Posting about alcohol on Facebook and interacting with others' alcohol posts were associated with higher self-reported drinking. Perceived norms of close Facebook friends' alcohol use on STPD was the strongest predictor of self-reported alcohol use. Moderated mediation results showed perceived norms of close Facebook friends' drinking mediated the relationship between posting and interacting, and self-reported alcohol use. The novelty of the results lies in exploring the influence of social media behaviors on celebration drinking as well as in distinguishing normative influences as a function of tie strength.

An Analysis of How Nutritional Professionals Navigate Messages in a Commodification of Dietetics

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The Academy of Nutrition and Dietetics is the leading professional organization for registered dietitian-nutritionists (RDNs). As one of the largest professional health organizations in the world, the Academy influences how nutritional information is communicated and health care is delivered with, to, and among RDNs, health care providers, industry groups, policy makers, and the general public. While the Academy is the leading professional source of information regarding diet and nutrition, for the past 25 years, its strategic partnerships with the food industry have made its efforts controversial. Proponents argue that the partnerships allow RDNs to learn about the food system and to positively influence development of food products. However, opponents claim that industry affiliation bias RDNs professional judgments and implies endorsement of industry practices.

Commodification Theory describes the ways in which non-commercial goods, services, or ideas are symbolically transformed into commodities. While there are benefits to commodification, critics are concerned about the diffusion of consumer culture into non-traditional areas of everyday life. The commodification of health is an area of research concerned with the ways in which health professionals, services, and information are made into commodities that are governed by marketplace principles. While scholars have described a commodification of health in the context of pharmaceuticals and medical doctors, the field of nutrition has yet to be examined.

The most visible representation of industry-RND relationships occurs at the Food Expo at the Academy's annual Food and Nutrition Conference and Expo (FNCE). FNCE is an meeting at which RNDs earn continuing education credit to maintain their certification as RDNs. Much of FNCE's events are research-based and educational in nature; however, in the Expo areas, industry representatives operate booths, where they can engage with RDNs in conversation, host product demonstrations, give out samples, and showcase new products. The Expo is well attended by industry representatives and the RNDs.

Based on ethnographic observation at FNCE and interviews with RNDs, we found that RDNs are confronted with a complex system of messages that blur the line between commercial or health promotion, suggesting a commodification of dietetics. We found that RDNs have a difficult time distinguishing between health and commercial messages while attending the FNCE Expo. We argue that much of this confusion is due to the varied interpretations and evaluations of industry motives. Although message discernment continues to be an issue, ultimately, RDNs with the most confidence navigating the Expo are those who have had repeated exposure to messages and time to professionally mature. These RDNs have developed specific strategies, namely avoidance, using professional judgment and fact-checking, which allow them to navigate the environment more successfully. This study ends with a discussion of the theoretical implications for health and nutritional communication as well as practical suggestions for RNDs and the Academy as they both navigate the blurry boundaries of health and commercial promotion, including the incorporation of a nutritional communication course into RND training.

Anticipated Enjoyment and Guilt and Physical Activity: The Moderating Role of Depression

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Regular participation in physical activity has been associated with physical and psychological health benefits (Center for Disease Control and Prevention, 2015). Among the latter, those who are physically active report less depressive symptoms (e.g., Teychenne, Ball, & Salmon, 2008). Conversely, exercise withdrawal has been associated with increases in depressed mood (Berlin, Kop, & Deuster, 2006). However, levels of continued physical activity among people with depression remain low (Craft & Perna, 2004). The lack of effect on long-term behavior has been related to the neglect of emotional influences on behavior (Bulley, Donaghy, Payne, & Mutrie, 2009). Previous research has identified enjoyment and guilt as two important anticipated emotions that motivate people to engage in exercise (e.g., Bulley et al., 2009). We used the functional approach to emotions (Frijda, 1987; Lazarus, 1991) to explain why anticipated guilt and anticipated enjoyment positively affect decisions to exercise and we proposed that depressive symptoms might moderate these relationships. We based our hypotheses on the fact that depressed people experience less enjoyment and more guilt than people who are not depressed (World Health Organization, 2015) and we expected that for such individuals the positive relationship between anticipated guilt/enjoyment and level of physical exercise would be reversed and reduced, respectively.

We analyzed data from the Health Information National Trends Survey (HINTS) Cycle 4. Regression analyses revealed a direct and positive relationship between anticipated enjoyment and level of physical activity ($\beta = .291, p < .001$). Anticipated guilt, however, did not significantly affect exercise levels. Depressive symptoms moderated the relationship between anticipated guilt and exercise only, such that, at higher levels of depression, the more guilt one anticipates to feel due to not exercising, the less likely one is to pursue physical activity ($\beta = -.094, p < .001$). According to further SPSS Indirect macro analyses, the conditional effect of anticipated guilt on physical activity was negative at higher levels of depression (i.e., mean + 1 SD = 4.000; $b = -.0748; p = .0003; CI 95\% = [-.1149, -.0347]$), and positive at lower levels of depression (i.e., mean - 1 SD = 2.7900; $b = .0380; p = .03; CI 95\% = [.0037, .0723]$). Average levels of depression (i.e., mean = 3.50) did not significantly moderate the relationship between the two variables ($p = .285; CI 95\% = [-.0522, -.0347]$).

These findings caution against using guilt-inducing messages aimed at increasing physical activity with people who show depressive symptoms. More generally, results emphasize one important variable (i.e., depressive symptoms among a target audience) that should be taken into account when testing message effectiveness. From a theoretical perspective, the present findings point to the need to consider how certain diseases, especially those with a prominent emotional component, such as depression, affect action tendencies suggested by the functional theories of emotions. Considering the rather high prevalence of depression among U.S. adults (6.7 % of all U.S. adults in 2013; National Institute of Mental Health, 2015), such implications should be taken seriously as they might significantly alter current theoretical predictions.

Applying Multiple Methods to Comprehensively Evaluate the Communicative Effectiveness of a Patient Portal

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Background: Patient portals have yet to achieve their potential for enhancing health communication and improving health outcomes. Although the Patient Protection and Affordable Care Act mandates the utilization of patient portals and usage continues to rise, their impact has not been as profound as anticipated.

Objective: This article reports on a case study to evaluate how well portals convey information to patients. An in-depth evaluation of an exemplar patient-centered portal designed to promote preventive care was conducted to demonstrate how multiple methodologies could be used to evaluate and improve the design of patient-centered portals. The portal used for this study is currently in use by 12 practices in Virginia and reaches over 82,000 patients.

Methods: Multiple qualitative methodology, in the form of critical incident patient interviews, two clinician focus groups, and a thematic content analysis were used to understand patient and clinician perspectives as well as a theoretical understanding of one portal's immediacy features.

Results: Over 140 critical incidents were gathered, 73% negative and 27% positive. Positive incidents were categorized as: (1) instant medical information access, (2) clear health information and (3) decision-making support. Negative incident categories included: (1) content appeared generic, (2) unclear if content was endorsed by the clinician, (3) website glitches, such as log-in difficulties, and (4) non-prevention lab data was difficult to interpret. Thematic analysis of the portal's immediacy resulted in high scores in enhances understanding (78%), personalization (75%) and motivates behavior (71%), but low levels of interactivity (29%) and engagement (8%). Two overarching themes emerged to guide portal refinements: (1) increased interactivity is necessary to limit unintended communication lapses and (2) and perceived personalization must be greater to engage patients.

Conclusions: Using the patient portal as a case study revealed that multiple methods must be utilized and numerous stakeholders should be involved to truly understand the complexity of the user experience. Although simple modifications, such as increased interactivity and personalized messages can help make portals trusted information sources, tensions between personalization and adhering to recommended guidelines must be addressed. Also, the objective of portals needs to be better communicated to patients since they have different expectations of the portal's main function than clinicians. Findings connect to tenets of the Relational Health Communication Competence Model and Technology Acceptance Model because portals must function with high levels of communication competence and have intuitive design to encourage uptake and contribute to positive health outcomes.

Applying the Bystander Model: Student Attitudes About "Civilian Interventions" for Campus Tobacco Use Violations

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Coinciding with the American College Health Association's (2011) recommendation that all universities prohibit tobacco use on university campuses, 1,577 campuses in the U.S. have adopted smoke-free policies as of July 2015 (American Nonsmokers Rights Foundation, 2015). However, maintaining policy compliance continues to pose a challenge on many campuses due to lack of resources dedicated to enforcing the policy or other factors (Fallin et al., 2012; Russette et al., 2014). University of Kentucky, a tobacco-free campus since 2009, implemented an innovative ambassador program which appears to be a promising source of compliance (Ickes, Rayens, Wiggins, & Hahn, 2015; Ickes, Hahn, McCann, & Kerckmar, 2013). Implementation of the ambassador program, which encourages students to approach violators of the campus tobacco-free policy in order to encourage compliance, was associated with a decline of 65% in observed violators at smoking hotspots and a 35% decrease in cigarette butts near hotspots (Ickes et al., 2015). Because smoke- and tobacco-free policies have been implemented only recently in most cases, the literature regarding compliance strategies such as ambassador programs is limited. This paper utilizes Ajzen and Fishbein's (1980) theory of reasoned action to as a framework for investigating individual characteristics, attitudes, and behavioral intentions of University of Kentucky students regarding approaching violators according to the ambassador program. The bystander intervention model was used to conceptualize and measure attitudes and intentions to intervene (Banyard, Moynihan & Plante, 2007). Pilot data (N=61) were collected and analyzed in November and December 2015, which preceded full data collection in January 2016 (target N=300). Multiple regression will be used to test for an appropriate model of which individual characteristics, attitudes, and behavioral intentions best predict bystander intentions. Implications, limitations, and future research will be discussed.

Assessing the Health Literacy of Falls Prevention Websites Designed for Older Adults and their Caregivers

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As individuals increasingly turn to the Internet to seek health information, health professionals and scholars require means to assess the health literacy demand of online health information. Although it is common practice to consider the readability level of such information, health literacy scholars have demonstrated that other factors also affect understanding, such as format/design, accessibility, graphics, organization, content, audience engagement, and audience sensitivity. Building on the broad-reaching Suitability Assessment of Materials (SAM), the purpose of this study was to provide a version adapted for online use. We coded 23 falls prevention webpages based on the aforementioned criteria. According to the Centers for Disease Control and Prevention, falls are the leading cause of both fatal and non-fatal injuries among older adults, thus a topic many older adults and their caregivers are likely to look up on the Internet. Our results suggest that the use of headings and explicit purposes included in the title were strengths of falls prevention websites, whereas font size, readability, and lack of interactive elements were amongst the weaker points. Based on these findings, the modified SAM can be used to evaluate the unique health literacy features of online health messages.

Assessing the Potential Effectiveness of Pictorial Messages to Deter Young Women from Indoor Tanning: An Experimental Study

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Skin cancer affects nearly 5 million people in the U.S. annually, of which 400,000 cases may be attributable to indoor tanning. The recent Surgeon General's call-to-action to prevent skin cancer indicates an urgent need for research on messages to deter young women from tanning indoors. Answering this call, the current study assessed differences in the potential effectiveness of pictorial indoor tanning messages.

An experiment was used to assess responses to anti-tanning messages. Pictorial messages, which included text, were designed to focus on the negative outcomes of indoor tanning - these included health effects, immediate harms, and long-term appearance harms. A call-to-action was included on each message - i.e., "Protect Yourself: Rethink Indoor Tanning." Both the messages and call-to-action were developed and pre-tested in two focus groups with the target audience.

A total of 568 female undergraduates participated in the experiment, with a mean age of 19.83. A majority (97%) of the participants were white, and 47% lived on campus in a dorm or apartment. Thirty-seven percent of participants were indoor tanners. Upon consent, participants were randomly assigned to one of three pictorial message conditions visually depicting health effects, immediate harms, or long-term appearance harms, or a text-only control condition. Participants in all conditions viewed three messages; after message exposure, they answered questions about the believability of the messages, their negative emotional reactions, and the perceived effectiveness of the messages to influence indoor tanning behavior. Participants also answered questions about their intentions to tan indoors and indoor tanning outcome expectations.

Factorial ANOVAS with Tukey follow-up tests indicated that compared to the text-only condition, pictorial messages produced greater negative emotional reactions ($p < .001$) and were perceived as more effective than text-only messages ($p < .05$). Text-only messages, however, were significantly more believable than pictorial messages ($p < .001$). Of the pictorial messages only, those about health effects of indoor tanning were significantly more believable ($p < .001$) than the others. Health-effects and long-term appearance harms messages were perceived as significantly more effective than immediate harms and text-only messages ($p < .05$). No significant differences were found among the conditions on tanning intentions or outcome expectations of indoor tanning. We also found that analyses comparing non-tanners to tanners were statistically significant; in all cases, non-tanners found the messages to be significantly ($p < .05$) more believable, to produce greater negative emotional reactions, and to be perceived as more effective than tanners. Non-tanners also had significantly ($p < .05$) lower intentions to tan indoors and greater negative and lower positive outcome expectations of indoor tanning, compared to tanners.

Our findings suggest the superiority of pictorial messages over text-only anti-indoor tanning messages. Additional research is needed to test different images, however, to determine which are most believable and effective. Future research is also needed to examine the impact of anti-indoor tanning messages on behavior over time.

Baseline Findings from Ouro Negro (Black Gold): A Social Change Communication Program in Mozambique?

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Context: Mozambique experiences some of the worst health disparities in the world and weak health indicators across the Southeast African country particularly impact women and children. Geographical challenges in reaching populations and limited resources mean that a gap remains in disseminating information to those who need it most. Communication programs using mass media are a cost-effective way to improve knowledge, shift attitudes, and change social norms. In 2015, UNICEF Mozambique and project partners launched Ouro Negro (Black Gold), the first national long-running entertainment-education (EE) radio novel with stories about nutrition; maternal health; child health; HIV/AIDS; water, sanitation, and hygiene (WASH); and child protection. A baseline evaluation was conducted not only to eventually understand the impact of this large-scale communication program but also to test newer measurement of variables and participatory methods.

Methods: The social ecological model guided the Ouro Negro evaluation design. The baseline study (and endline study, to be conducted in Summer 2016) was conceptualized in two arms: a survey arm and a focus group arm. The survey (quantitative) arm utilizes a population-based, longitudinal, single pre-test, single post-test, panel design with replacement. An extensive survey tool was designed and pretested to measure indicators in the social ecological model. Surveys were conducted with 2,250 respondents across five provinces prior to the launch of the initiative. The focus group (qualitative) arm, meanwhile, utilized a cross-sectional research design. Thirty-two focus groups were conducted with 300 participants and included three participatory activities: Complete the Story, Social Network Mapping, and 2x2 Tables (to examine social norms). Baseline data collection began after ethical approvals were granted, including university IRB and local IRB approval from the Mozambique Ministry of Health.

Findings: At the individual level, respondents displayed high knowledge, attitudes, and self-efficacy across almost all program topics. In the Complete the Story activity, participants described how they would respond to two scenarios and reported various benefits and sanctions of performing behaviors promoted by the radio drama. In terms of interpersonal indicators, respondents most frequently discussed topics with friends and most frequently discussed WASH issues. The social network maps reiterated these findings and were helpful in determining who participants spoke to about certain issues. Community-level results indicated that WASH and maternal health behaviors were perceived as normative, while child protection behaviors were not. The 2x2 tables were useful in understanding norms, in particular concordance and discordance between participants in comparison with other members of their communities.

Conclusions: Building a culture of health using entertainment-education cannot occur without first conducting robust foundational research. The results from this baseline study indicate exciting results using newer tools. While the final results of the program will not be known until later in 2016, this baseline research adds to the conversation of how this health communication strategy may impact social and cultural change.

Belonging: The Influence of Genetic Stigma and Ingroup Cognitions on Communication Coping Strategies, Support Networks, and Stress

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Humans have a need to belong—Belonging is critical to physiological functioning and psychological well-being (Baumeister & Leary, 1995). One potential source of social rejection and not belonging is being associated with a stigmatized health condition, as it threatens one's place in society. People use multiple strategies to manage social rejection, and existing research has revealed how people choose one strategy over another based on their appraisal of situational characteristics and personal capacity (Meisenbach, 2010). Less research has examined the influence of contradictory group cognition, such as rejection from the general public while belonging to a stigmatized group. As stigmatized people feel rejected by society, they may turn to others living with similar conditions to form support groups to mobilize action toward finding effective treatments. In doing so, personal means to redress stigmatization may emerge as benefits such as reduced stress and expanded support network.

In this study, we investigated how people labeled with a stigmatized health condition and involved in a condition-related community avoid personal conversations by keeping the condition secret, or approach personal conversations by educating others and confronting stigmatization when it occurs. We also studied how public- and group-based social cognition influenced personal stress and the size of support network. Modified labeling theory (MLT; Link, Cullen, Struening, Shrout, & Dohrenwent, 1989) and group cognition model (GCM; Correll & Park, 2005; Corrigan & Watson, 2002) were used to frame this study.

The study was substantiated by people living with a rare genetic disorder: Alpha-1 antitrypsin deficiency (AATD). Alpha-1 has the dubious distinction of being the first documented case of genetic discrimination (Jones & Sarata, 2008), and the disease symptoms have noted stigmas (Berger, Kapella, & Larson, 2011). A robust Alpha-1 community has been created by patients, their close contacts, clinicians, and researchers. Thus, people identified with genetic alleles associated with Alpha-1 may be living with dialectical beliefs: they are deviant and devalued in society, but belong to an active, empowered community.

One hundred thirty four unmarried adults living with AATD participated in an online survey. The survey included measures on genetic stigma, group belongingness, activism, communication, stress, and support network. Structural equation modeling was used to test the hypotheses. Genetic stigma was associated with more secrecy, more stress, and smaller support networks. Group belongingness was negatively associated with ingroup secrecy, and group activism was positively related to approach communication and the size of support network. Contrary to MLT, approach communication influenced neither stress nor support-network size. Although secrecy was related with more stress and smaller support network, the relationships were created spuriously by the group cognition. A thematic analysis of participants' self-report experiences of stigmatization suggested that genetic stigma occurred in a wide array of social contexts including employment, health care, insurance, family, and romantic relationships. Surprisingly, participants reported experiencing stigma within the Alpha-1 community because they did not have a genetic allele combination that leads to severe symptoms. The implications of the results were discussed in relation with research on stigma coping, illness disclosure, and topic avoidance.

Boundary Ambiguity and Family/Provider Communication in the ICU

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Collaborative communication among healthcare providers and family members in the intensive care unit (ICU) is vital not only for good patient outcomes but also for the well-being of family members, many of whom suffer high levels of depression, anxiety, and PTSD years after an ICU experience (McAdam, Fontaine, White, Dracup, & Puntillo, 2012). In describing "the forgotten family" of the ICU, Schmidt and Azoulay (2012) argue that prevention of post-ICU psychological burdens for family caregivers must begin early in the patient's ICU stay and be based on theory-driven communication strategies grounded in empathy, shared values, and understanding. Yet, according to Azoulay and her colleagues (2005), half of ICU families experience inadequate - i.e, infrequent, inconsistent, and contradictory - communication with the healthcare team.

To better understand family communication needs in the ICU, we interviewed family members about their experiences within five adult ICU's in a large urban hospital. In this paper, we explore families' descriptions of their experiences, using the lenses of rhetorical agency (Young & Flower, 2001) and Family Boundary Ambiguity Theory (Boss & Greenberg, 1984).

After receiving IRB approval from our university and the hospital, we began a 12-month study, using purposive sampling, with potential participants being referred to the study by ICU nurses. We recruited 22 individuals to participate in in-depth, semi-structured interviews, including parents, spouses, siblings, and adult children. Interviews lasted between 30-60 minutes. Transcripts ranged from 7 to 51 pages, with most about 18 to 20 pages. In conducting a conventional content analysis (Hsieh & Shannon, 2005), we parsed each transcript into conversational turns and identified each idea unit within that turn. Idea units consisted of phrases or clauses within the conversational turn that expressed a singular thought. Our final coding scheme consisted of seven top-level codes with several subcodes. In this paper, we present our findings for one subcode, "boundaries," which was salient in every interview and has given us the richest insight into how our participants used agency to negotiate both implicit and explicit boundaries. We defined "boundaries" as idea units where participants acknowledged limits to their participation in care and articulated their actions in responding to those boundaries. We identified three categories:

- Place: Participants working within boundaries of place, such as the ICU and waiting rooms
- Knowledge: Participants stretching and crossing the bounds of a typical layperson's medical knowledge
- Relationship: Participants discussing shifting and ambiguous relationship boundaries between themselves and the healthcare providers

We then analyzed our data to understand how participants described and responded to boundaries. In some instances they accepted rigid boundaries, often with resentment. Other participants negotiated and stretched boundaries so they could become integral members of their loved one's healthcare team. Our findings suggest that family members and healthcare providers would benefit from early meetings to identify goals and concerns, not only for the patient but also for the family members. Existing boundaries from each party's perspective could then be addressed, thus allowing each individual to fully contribute to the patient's care and the family member's well-being.

Breast Self-Examination for the Detection of Cancer: A Content Analysis of Campaign Messages from 30 Countries

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Research evidence about the benefits of breast self-exams is inconclusive and controversial. Due to a lack of evidence, breast self-exams are not recommended by some US expert groups, including the American Cancer Society and the US Preventative Services Task Force. In contrast to these recommendations, experts do recommend that all women should be familiar with how their breasts normally look and feel and report any changes to a health care provider. The purpose of this study was to evaluate mass media messages about breast self-exams worldwide. A content analysis of persuasive message features was conducted to critically examine campaign content. Persuasive message design theories provide guidance regarding the most effective ways to change attitudes and behaviors. Features include: Emotional appeals, evidence type, efficacy, norms, message sensation value, gain and loss framing, and source characteristics. A sample of messages was drawn from the Coloribus International Database. Messages disseminated between 1999 and 2015 were included. The final sample of 167 messages included 102 print, 55 video, and 10 audio messages. Two independent coders were trained to evaluate message features. Thirty different countries were represented in the data set, including India, Brazil, Australia, Mozambique, Germany, Japan, and the US. The average pairwise Cohen's kappa was classified as substantial at .61 and the average pairwise percent agreement was .85. In the sample, 76.56% of messages included emotional appeals. Both positive and negative emotional appeals were presented (guilt N = 14, fear N = 65, sadness = 36, surprise = 22, humor = 47, hope = 50). Evidence was not presented in all messages but when it was, a fact or quantitative statistic was more common than a narrative or testimonial. Quantitative evidence was present in 23.40% (N = 39) and qualitative evidence in 11.40% (N = 19). In the sample, 111 messages (66.50%) stated facts. Nearly all messages were one sided (N= 166, 99.40%). In 34 messages (20.40%) the recommended behavior was modeled. Most messages were gain framed (N = 92, 55.10%) with only 26.90% (N = 45) presenting a loss frame. Little research has systematically evaluated the breadth of message characteristics present in behavior change initiatives. This analysis provides a systematic evaluation of the types of appeals being utilized worldwide. There is an opportunity for message designers to utilize persuasion and message design theory to increase message exposure, recall, and acceptance. This analysis concludes with a discussion of strengths and weaknesses in the current communication environment.

Building a Culture of Cancer Prevention in South Florida Firefighters: Changes and Challenges in Exposure and Bunker Gear Cleaning

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Firefighters are a highly respected workforce responsible for saving lives and protecting property, yet, recent oncological studies indicate firefighters' lives may be threatened by work-related factors. A number of local, national, and international cancer studies reveal a significant correlation between being a firefighter and having higher risk of developing digestive, oral, respiratory, and urinary system cancers (e.g, Daniels, et al., 2014; Fritschi & Glass, 2014; Pukkala et al., 2014). Fire and rescue organizations are high reliability organizations (HROs; e.g., Myers, 2005) where team members share cultures of relying on each other, developing trust, and coordinating activities. One key cultural artifact that has communicated knowledge, experience, and ability has been dirty bunker gear. Dirty bunker gear is a sign of being an active and knowledgeable firefighter; the dirtier the gear, the more respect is given. However, dirty gear can lead to ongoing exposure to carcinogens through direct contact with the skin, and indirect exposure through off gassing, when gear is stored or transported (Firefighter Cancer Support Network, 2013). Increased knowledge of cancer risk caused by dirty gear has led Palm Beach County Fire Rescue (PBCFR) to push for a culture shift focused on cancer prevention by promoting gear cleaning. This project investigates the current state of firefighter culture as it relates to firefighters' knowledge, attitudes, and behaviors toward cancer prevention.

Data was collected from PBCFR, which consists of 1,494 full time firefighters in 49 stations, and is responsible for an area of approximately 1,822 square miles serving 971,093 people. Over 150-hour observations across 18 fire stations and 4 focus groups with specialty captains (n=4), captains and lieutenants (n=6), firefighters (n=4), and drivers (n=3) were conducted.

Preliminary analyses suggest significant recent culture change among firefighters in their attitudes toward bunker gear. Clean gear is seen as a sign of pride and self-protection, and those few who insist on dirty gear are seen as "dinosaurs". However, there are still significant knowledge, attitudinal, behavioral, and structural barriers to creating consistency in gear cleaning for cancer prevention. Firefighters are often unaware of how to engage in formal gear cleaning, have difficulty in obtaining accurate information, and have concerns over getting their gear returned. This leads to firefighters either reluctantly living with dirty gear or engaging in self-help attempts to clean their own gear by going to commercial laundromats (and contaminating the public machines) or scrubbing the gear themselves. While a second set of gear is seen as a solution to cleaning, costs are prohibitive and structural barriers to individual purchase exist. Some firefighters also express concerns about gross decontamination where they are washed down in the field after a fire - they have concerns of wet gear, getting steamed, and having movement hindered if they get called to another fire. Structural barriers to gear cleaning also exist. Gross decontamination, hood exchanges, and formal cleanings are implemented unevenly, often leaving firefighters frustrated. While existing efforts to change the culture have met with some success, future work should focus on knowledge and efficacy toward gear cleaning.

Building a Culture of Community Health and Preparedness: A Test of the All-Hazards Approach to Disaster Preparedness Messaging

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Disaster preparedness information is typically informed by the all-hazards approach (Federal Emergency Management Agency [FEMA], 2013). This approach functions on the assumption that adequate disaster preparedness has an umbrella effect - if a household or organization is prepared for one disaster, it is prepared for most disasters. Correspondingly, most, if not all disaster preparedness messages are atheoretical, provide general, event non-specific information, and offer little or no persuasive impetus (Turner & Underhill, 2012). Following this design trend, the U.S. Centers for Disease Control and Prevention (CDC) recently launched a campaign designed to promote awareness of disaster preparedness using a fictional event: a zombie apocalypse. Campaign designers reasoned that if citizens were prepared for a zombie apocalypse, they would also be prepared for salient, regional threats (CDC, 2011).

Past research demonstrates that theoretically informed disaster preparedness messages that provide substantive information are more persuasive and motivate increased behavioral intention to prepare compared to state-sponsored general preparedness messages (Author). This research tests the motivational efficacy of the all-hazards approach to preparedness campaign design against regionally targeted messages designed to promote preparedness for a single, salient disaster event.

Experimental materials were adapted from the CDC's Public Health Matters blog post that launched their Zombie Preparedness campaign (CDC, 2012). Using this content as a template, disaster context was systematically varied for salient regional disasters across the United States. Using the FEMA's disaster declaration information and FEMA office region borders, five disasters were selected, including: severe storms, hurricanes, tornados, floods and earthquakes. The message condition also includes a zombie-based, and general preparedness conditions. This design allows for the testing of hazard-specific, hazard-nonspecific, and hazard-imaginary messages and their potential efficacy in informing about and motivating behavior related to disaster preparedness.

Data were collected from residents of the United States using Amazon's MTurk online service. Participants were asked to report the location where they currently reside; this information was used to assign them to a salient disaster condition. Participants were assigned to the zombie and general message conditions using conditional random assignment to keep cell counts essentially equal. After assignment to a message condition, participants responded to dependent measures to assess perceived motivation (Ryan, Mims, & Koestner, 1963), behavioral attitudes (Dillard & Shen, 2005), message-based attitudes (Dillard, Kinney, & Cruz, 1996), organizational credibility (Teven & McCroskey, 1997), behavioral intentions (Author) and current preparedness behaviors (FEMA, 2013).

Results show systematic differences between the disaster-specific, zombie, and general message conditions for several of the dependent variables of interest. Results have implications for strategic message design in disaster preparedness campaigns and related contexts. While the all-hazards tactic appears to be effective for those who are obligated to prepare, the lack of details in this approach could be detrimental for those who lack an understanding of risk. Encouraging preparedness through regionally specific examples and information makes salient the potential consequences of the threats each audience faces. Presenting risk mitigation information in a salient context could satisfy the sometimes-competing needs for approachable and non-domineering information that is also detail-specific and motivational.

Building a Culture of Health Amid Technological Challenges: A Two-study Investigation Examining eHealth Literacy in Older Adults

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The Internet is an important source of health information (Bylund, Sabee, Imes, & Sanford, 2007; Fox, 2011), especially for enabling health self-management and independence (Chung & Nahm, 2015; Author, 2015). However, there is increasing evidence, that older adults struggle with technology literacy broadly (Logan, 2000; Author, 2015), and utilizing online health information specifically (Fox, 2006; Kaiser Family Foundation, 2005, Xie, 2008). Technology literacy is one of six core components of eHealth literacy (Norman & Skinner, 2006), and may be most impactful among older populations. Although age is identified as a predictor or moderator of both eHealth literacy (Norman & Skinner, 2006) and technology use and acceptance (Venkatesh, Morris, Davis, & Davis, 2003), scholars and practitioners have a limited understanding of the more subtle nuances of this association. Indeed, Venkatesh et al. (2003) noted that age had received minimal scholarly attention in theory-driven technology research (vs. statistics on use and ownership, e.g., PEW), yet age significantly moderated all the key relationships in the unified theory of acceptance and use of technology (UTAUT). Even less research exists about how age might moderate eHealth literacy, specifically, the ability to seek, find, and evaluate health information online (Norman & Skinner, 2006).

We investigated the more subtle nuances in how age moderates eHealth literacy, as well as the role technology literacy has within eHealth literacy in a two-study project. We employed a sequential explanatory mixed-methods design in Study 1 (Creswell, 2003). We utilized focus groups in the initial qualitative phase of analysis to probe how age moderates technology adoption. We found that, similar to what is posited by UTAUT, experience and age intersect to moderate eHealth literacy. However, another theme emerged that adds richness to our current understanding of how age and experience intersect to moderate both technology and eHealth literacy. This theme suggested that a lifespan approach to understanding the interaction between age and literacy informed by Diffusion of Innovation Theory would be more robust than the simplistic understanding that older people are less technologically literate than younger people. We followed up with a large (N = 899) cross-sectional study in the quantitative phase of the study. A series of regression analyses demonstrated that although there were significant main and interaction effects for age and education on eHealth literacy (eHEALS, Norman & Skinner, 2006), these effects were no longer significant once the lifespan group categorization was introduced. Study 2 focused on a community sample of adults aged 60-88 who participated in a six-week technology literacy community intervention program. A paired samples t-test revealed a significant improvement in eHealth literacy scores between pre- (M = 3.040) and post- test (M = 3.274; $t = -2.725$, $df = 52$, $p < .01$) survey completion, despite not including any health-related content in the intervention curriculum. We discuss the overall implications of a lifespan approach to age as a moderator of technology and eHealth literacy and clarify the conditions leading to improved eHealth literacy of older adults through the lens of technology adoption theory.

Building a Culture of Health around Ovarian Cancer

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Introduction. Health social movements (HSMs) and the sub-category of embodied health movements include programs such as scrapbooking, quilting, and public events which aim to create awareness about health conditions. They enhance understanding about specific health-related issues, challenge belief systems about these issues, and advocate for improved access to health care services through activism (Archibald & Crabtree, 2010; Brown & Zavestoski, 2004). HSMs impact the illness experience by expanding, enhancing, and transforming individuals' perception of particular diseases (Klawiter, 2004). For instance, the impact of HSMs on the breast cancer experience has well been noted in the literature (e.g. Klawiter, 1999, 2004). However, very little is known about activism around ovarian cancer and the effects on women's lived experiences. This study fills that gap in research by examining how collective activism around ovarian cancer encourages active and supportive public engagement with the disease and helps shape the meaning women construct of their experiences.

Methods. Data were drawn from a larger project that examines women's experiences of ovarian cancer and their quality of life post-treatment. Using a critical feminist framework, the authors interviewed ovarian cancer survivors and actively observed participants during the 2015 Ellen Jackson Ovarian Cancer Walk held in Toledo, Ohio. Data were analyzed using the grounded theory methodology and feminist intersectional analysis.

Results. The results showed that public activism around ovarian cancer symbolized a "coming out" experience for affected women and provided public visibility for the deadliest gynecologic cancer. Survivors explained that the walk provided them the platform to identify with the disease and connect with other survivors. Further, the results indicated that the ovarian cancer experience is shaped not only by the individual characteristics of affected women, the stage of cancer, and treatment regimen, but also by the culture of health promoted around the disease which celebrated each woman's unique journey. On display at the venue for the walk were pictures of women who had survived the disease a couple of months, those who had survived for years (e.g. 19 years), and those who had died. This, survivors explained, helped put a human face on ovarian cancer. Public discourse around ovarian cancer often takes place following the death of a public personality or someone close to them (e.g. Angelina Jolie). It is, therefore, significant for the public to see and identify with survivors of the disease, to be reminded that ovarian cancer can be survived.

Conclusion. This study contributes to research and theorizing about embodied health movements, activism, social support, and ovarian cancer by highlighting how affected women embody the ovarian cancer experience. It elaborates how activism around ovarian cancer might seem quiet and non-aggressive yet provides a powerful avenue for survivors to show the public "what it looks like to have ovarian cancer" (Holmes, 2006). Additionally, this study extends scholarships on women's health by examining the broader impacts of embodied health movements on women's understanding of ovarian cancer; and how together, these practices and the collective celebration of individual lived experiences creates a culture of health around the disease.

Building a Culture of Health for African American Women: Examining Memorable Health Message Characteristics and Healthy Living

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Weight loss intervention research has revealed that African American women lose less weight and experience more difficulty maintaining weight loss when compared to other ethnic groups (DeLany, Jakicic, Lowery, Hames, Kelley & Goodpaster, 2014; Tussing-Humphreys, Fitzgibbon, Kong, & Odoms-Young, 2013). Despite these negative outcomes, recent research has noted that African American women could potentially benefit from tailored weight loss interventions (Rickel, Milsom, Ross, Hoover, DeBraganza, & Perri, 2011). To facilitate clinical research with this population, research is needed to learn more regarding the health related messages African American women typically encounter.

The current project sought to examine the relationship amongst health related memorable message characteristics and the diet and exercise habits of African American women. To answer the research questions posed, an online survey, with questions guided by the Memorable Messages framework (Smith & Ellis, 2001; Knapp, Stohl, & Reardon, 1981), was administered. Participants were asked to share a memorable message received regarding diet and exercise. Respondents were also queried regarding the length of time since being exposed to the message, the message source, as well as the perceived intent of the message. Participants also reported their recent diet and exercise habits. Most participants reported receiving a memorable health message. Approximately half of respondents reported receiving the memorable message at least 6 months ago. The most cited message sources included the media (29%), family members (25%), and medical professionals (17%). Of those citing an individual as a message source, women (73%) were overwhelmingly identified as message sources. Analysis of participant responses revealed memorable message themes focusing on the importance of consistency regarding diet and exercise as well as smart/informed food consumption. Data analysis also revealed memorable messages centered on the maintenance or achievement of a certain body image/size. Most participants reported perceiving that the intent of the memorable health message was to encourage them to embrace a healthy diet and/or to underscore the long-term benefits of consistently adhering to a healthy diet and exercise regimen. Further examination of the research data revealed participants who received a memorable health message at least 6 months ago were likely to have followed a healthy eating plan at least 5 days in the previous week. Participants exposed to memorable health messages were also more likely to have engaged in specific exercise sessions at least three days in the previous week. The results of this project could inform message development in clinical health promotion efforts targeting African American women, a group whose members are typically overweight, (National Center for Health Statistics, 2014) and cite various barriers to healthy eating and regular exercise (Joseph, Ainsworth, Keller, & Dodgson, 2015; Baruth, Sharpe, Parra-Medina, & Wilcox, 2014; Stolley et al., 2009; Whitt-Glover & Kumanyika, 2009).

Building a Culture of Informed Decision Making: Improving Patient-Provider Communication about Miscarriage

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Building a culture of health requires a health care environment that engages patients in informed decision-making (IDM). We position the miscarriage context as a situation in which women and their providers can co-construct a culture of health by actively engaging in IDM. Indeed, scholars have argued that miscarriage is an ideal context for IDM, yet this framework has rarely been applied to understanding communication about pregnancy loss (Wallace, Goodman, Freedman, Dalton, & Harris, 2010). Informing women of the full range of viable treatment options is a prerequisite for IDM (Olesen, Graungaard, & Husted, 2014). However, evidence suggests that providers do not always discuss the range of options available to women (Wallace et al., 2010). Wallace and colleagues (2010) argued that most women have a strong preference for managing a miscarriage, but current medical practices do not reflect awareness or acceptance of those preferences (Wallace et al., 2010). Additionally, research suggests that the choice of treatment is often determined by women's unspoken emotional considerations, concerns often left unexplored by healthcare providers (Olesen et al., 2014). To assess if this pattern of neglect is still continuing, we explored how future physicians are trained to talk to patients about a miscarriage. The purpose of our study was to evaluate an objective structured clinical examination (OSCE) program in which obstetric/gynecological residents are trained to engage women in decision making during a pregnancy loss scenario.

To assess the extent to which OB/GYN residents engage in informed decision making with a standardized patient, we conducted observations and analysis of 10 live interactions and 32 videotaped interactions. We coded interactions using a scheme (IDM-18) developed and validated by Braddock and colleagues (1999, 2008), which assesses nine elements in decision making: (1) discussion of patient's role, (2) exploration of context, (3) discussion of nature of decision, (4) description of alternatives, (5) discussion of pros and cons, (6) discussion of uncertainty, (7) assessment of patient's understanding, (8) assessment of patient's desire for others' input, and (9) exploration of patient's preference. Based on research specific to the miscarriage context (Olesen et al., 2014) and patient participation (Street & Gordon, 2006), we also coded for exploration of patient's concerns and supportive statements.

Analysis of the training practices revealed that although residents engaged in the minimum communication needed for informed decision making (Braddock et al., 2008), nearly all of the elements were only partially addressed, and three of the elements were not addressed at all. Most troubling is that that majority of residents did not discuss all management options before asking patients to make an informed decision. Emotional concerns, a leading factor in determining what decision is made, were only addressed in 12.5% of cases. These findings serve as an impetus for more effective training sessions to assist providers in informing women about the miscarriage experience so that an educated decision can be made to foster a collaborative culture of health.

Campaigning to Students through the Bathroom using Social Norms and Self-Determination Theory

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First-year college students are more susceptible to unhealthy behaviors that impact them both proximally and distally (Northwestern University, 2014). For example, college students are at risk of deficient nutrition (Franko et al., 2008), lack of physical activity (Franko et al., 2008), alcohol abuse (Butler, & Correia, 2009), inadequate sleep (Teixeira et al., 2012) and higher rates of depression, stress and anxiety (Mahmoud, Staten, Hall, & Lennie, 2012).

College corresponds with a stressful, exhausting, and ever changing time in an undergraduate's life (Pedrelli, Nyer, Yeung, Zulauf, & Wilens, 2015). Theoretically informed and evidence-based efforts to inform students about campus health and support services are necessary so that students can engage resources when necessary.

This research project reports on a campus health campaign, Go to Health, MSU, with the sole delivery channel of community bathroom stalls in campus residence halls.

In its second year, Go to Health MSU was created in partnership with Student Health Services and Residence Education and Housing Services on the Michigan State University campus. The campaign features monthly health messages branded to include a specific design, amount of information, theoretical approach, and message source (squirrels). The monthly issues are themed around a single health topic and overall, address a wide range of health issues relevant to college students. Messages are delivered in community bathroom stalls as a strategy to reach students when they are a "captive" audience with focused attention and little distraction. Messages placed within bathroom stalls have high audience exposure probability by reaching college students during a stationary and concentrated part of the day. Our data illustrate that bathroom stalls are an effective location to reach students with health information.

The Go To Health, MSU campaign used a social norms approach (Perkins & Wechsler, 1996) in its first-year and now is incorporating self-determination theory (SDT) constructs with social norm information (Ng, Ntoumanis, Thogersen-Ntoumani, Deci, Ryan, Duda & Williams, 2012). Research on SDT has found that campaigns based on eliciting the SDT constructs of autonomy, competence, and relatedness are positively related to physical and mental health with long-term maintenance on health behaviors (Ng, Ntoumanis, Thogersen-Ntoumani, Deci, Ryan, Duda & Williams, 2012).

This Go To Health, MSU presentation will include formative research data, theoretical underpinnings for campaign messages, sample campaign messages, process evaluation data, and first-year summative evaluation data. Formative research data includes results from focus groups which informed our message design and delivery channel. Process evaluation data includes descriptive fidelity-

Changing the Culture of Provider Recommendation of HPV Vaccination: Bridging the Intention-Behavior Gap

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Human papillomavirus (HPV), the most common sexually transmitted infection, affects approximately 79 million individuals in the United States, and this number grows by about 14 million per year (CDC, 2015a). This pervasiveness is alarming due to the availability of FDA approved vaccines that largely protect against HPV infection and its manifestations (e.g., genital warts, cervical cancer). Despite substantive research dedicated to improving HPV vaccination coverage (Cohen & Head, 2013), rates for females aged 13-17 remains low with only 38 percent receiving all three doses of the vaccine (CDC, 2015b). Healthy People 2020 (CDC, 2011) outlines a national priority to reach 80 percent coverage for HPV vaccination among females 13-15, which is substantially higher than the current coverage for that target audience.

While considerable scholarship aimed at improving HPV vaccine uptake has focused on persuading parents to vaccinate their children (Nan, Zhao & Briones, 2014), shifting efforts to address provider communication is a promising avenue for improving coverage, as provider recommendation is the most cited reason for HPV vaccine acceptance among parents of adolescent females (Brewer & Fazekas, 2007). Thus, the present study utilizes the Integrative Model of Behavioral Prediction (IMBP) as a theoretical framework to examine provider recommendation of HPV vaccination. The IMBP (Fishbein, 2000) posits attitude, subjective norm, and perceived behavioral control are determinants of behavioral intention. Further, the model calls attention to the influence of skills and environmental constraints on the relationship between behavioral intention and behavior (Fishbein, 2000). While behavioral intention is posited to precede behavior, meta-analyses suggest a significant consistency 'gap' between the two exists (Webb & Sheeran, 2006). While a large majority of providers report high intentions of providing an HPV vaccination recommendation, a substantially lower number of patients report receiving a recommendation (Feemster et al., 2014). Thus, the focus of the present study is on the variables, including skills and environmental constraints, which influence the intention-behavior relationship.

Participants (N=30) were a diverse group of practicing providers from a private pediatric practice, and children's hospital in the southeast. A mixed methodological approach involving in-depth interviews and a brief survey was employed. The interview schedule was created to assess intentions providers hold for recommending HPV vaccination to patients, HPV vaccine recommendation implementation, perception of vaccine acceptance, challenges providers face when discussing HPV vaccination and associated skills to address these challenges, environmental constraints that inhibit HPV vaccination discussion, and providers' preferences on intervention design. The brief survey measured demographics, behavioral intention, and behavior.

Preliminary results confirm provider intention to recommend HPV vaccination is high. However, lacking necessary skills such as cultural awareness, persistence, and tact, and the presence of environmental constraints such as time limitations, and a lack of school entry policy serve as barriers to successfully implementing intention. Complete qualitative and quantitative analyses will be prepared in advance of the conference. Results can inform the construction of an intervention aimed at changing the culture of provider recommendation through building capacity among providers and addressing environmental constraints.

College Students' Conflicting Goals in Seeking Mental Health Help

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Mental health issues are prevalent on college campuses, yet many students do not seek out help from informal or formal sources (Eisenberg, Hunt, Speer, & Zivin, 2011; Nordberg et al., 2013). While research has identified what barriers contribute to this gap in students' mental health help-seeking (for a review, see Gulliver, Griffiths, Christensen, 2010), much less research has examined how students assess these real or perceived barriers in choosing (not) to seek help. Thus, the current study addresses a hole in the literature by providing insights into the "[broad], protracted, and fluid process of interpretation and varied actions" involved in students' mental health help-seeking decisions (Biddle, Donovan, Sharp, & Gunnell, 2007, p. 999). Grounded in a multiple goals perspective (Caughlin, 2010), the current study examines students' accounts to explicate the ways in which they consider their competing instrumental, identity, and relational goals in assessing their help-seeking options.

The study stems from a larger study about undergraduate students' mental health help-seeking intentions. It includes data from 27 semi-structured one-on-one interviews (17 women, 10 men), collected from October to December 2015. Participants ranged in age from 18 to 30 years old ($M = 20.23$ years), and represented a variety of class standings (7 first-year, 9 sophomore, 9 junior, 2 senior). The sample was comprised of primarily White, non-Hispanic ($n = 22$) participants; other races represented were Black ($n = 3$) and multiracial ($n = 2$).

Interviews were transcribed and then coded via an etic approach (Lindlof & Taylor, 2011) using the multiple goals perspective as a theoretical lens. Preliminary analyses reveal an inherent tension between the instrumental goal (i.e., receiving help) and threats to identity goals (e.g., avoiding stigma) and relational goals (e.g., maintaining friendships). For example, some participants said that they would not seek help from family members because they would not want to worry them. Instead, these participants reported that they would seek out friends in whom they felt comfortable confiding. Others, however, mentioned that they would not reach out to friends because of their need to be liked and respected, and would prefer talking to a parent instead. Several participants mentioned that they would avoid going to the doctor or a counselor if it meant that they would be labeled as mentally ill. Seeking help from university-provided counseling entailed unique identity and relationship threats, as participants expressed concerns that their friends would ask intrusive questions or would become overly concerned about their well-being if they knew they were in counseling. Few participants reported that they would speak to their instructors or their resident assistants unless they had "really good" relationships with them. Finally, participants mostly panned the use of social media sites for help seeking, which they considered a form of "attention seeking;" however, anonymous digital resources, such as blogs and message boards, represented relatively low-risk options in which many participants perceived value.

In sum, then, these results suggest that college students assess informal and formal help sources on the basis of which goals they afford primacy.

Communicating Wellness at the Food Pantry

Christina Jones, University of Wisconsin - Whitewater

Food insecurity is a significant problem for over 600,000 Wisconsin citizens each year who rely on governmental assistance (SNAP benefits) or emergency food aid from food pantries. Moreover, research has indicated food pantry guests may well be at greater risk for poor health due to increased incidence of diet-related chronic diseases and foodborne illnesses (Clarke, Evans, & Hovy, 2011). Many food pantry clients struggle with access to the basic resources for good health. They often lack funds to allow for appropriate healthcare when needed and have poor health attributable to poor nutrition. Pantry clients indicate food costs are juggled in conjunction with the costs necessary for prescription drugs, doctor visits, and preventive health behaviors (active lifestyle choices, for instance). While improvements to the food pantry environment have made it easier for pantry clients to choose healthy food options (e.g., the procurement of healthy food items and partnerships with local gardeners and farmers who donate fresh produce), there is still much work to be done to improve the quality of messages to encourage the selection of healthy lifestyle choices.

This presentation seeks to elaborate on the results of a qualitative study that investigated the content and significance of wellness information and advice exchanged between clients and among clients and volunteers at a user-choice pantry. A thematic analysis of the responses provided in 30 client interviews and 15 volunteer interviews indicates that the food pantry is an important site for health education between and amongst the underserved. Specifically, clients and volunteers shared that the food pantry served multiple purposes in helping them to achieve health and wellness goals, including the exchange of nutrition advice from volunteers to clients during their pantry shopping experience, information regarding free or reduced-cost wellness services in the community (i.e., open gym hours or free health screenings in community locations), and guidance for accessing charitable pharmacies in the surrounding area. Additionally, respondents emphasized the significance of nurturing social capital at the food pantry, speaking to its role in improving health decision-making and developing a culture of health for the food insecure.

Communication and the Built Environment in Two Hospital Designs: A Pre-Post Investigation

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Lindsey Fay, University of Kentucky
Kathy Isaacs, University of Kentucky
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Hospitals are demanding, complex, and dynamic patient care systems. Due to issues of clinical integration, efficiency, and patient-centered care, it is important for health communication scholars to consider how human, organizational, and built environment factors operate interdependently within hospitals.

This pre-post study examines physical, clinical, and communicative issues within a cardiovascular unit before and after moving into a newly-designed hospital. In the old hospital, patient rooms (many of which were semi-private) were on both sides of the hallways and this allowed staff to see across the hallway into other rooms. Nurses and other staff could hear colleagues who worked in close proximity. The hallways intersected in the middle and each unit had a centralized nurse station, which included space for charting, formal meetings, informal interactions between healthcare professionals, and served as a break area.

The new hospital has a different design. The layout of each floor is circular with larger, private patient rooms on the outside of the hallways. Decentralized nurse stations are located in the hallway outside of patient rooms. Nursing staff cannot see or hear across hallways and there is no central nurse location to regularly interact with other nurses, staff, or providers.

Multiple methods were employed in this study. First, patient surveys (N= 62, pre; N= 49, post) assessed patient perspectives on design and communication. Second, staff surveys (N= 61, pre; N= 128, post) measured perceptions of communication, efficiency and design. Third, observation and behavior mapping of hallways and work stations examined staff interactions. Fourth, nursing time in room was measured. Fifth, focus groups of six different healthcare professions were conducted in order to gather insights into how design shapes communication in this hospital.

Patients in the post-study reported significantly higher levels of satisfaction with patient room design and personal privacy ($p<.05$). Patients reported no change in communication, receiving information, or getting staff help when needed. Staff in the post-study reported significantly lower levels of teamwork, face-to-face and interdisciplinary communication ($p<.05$) and significantly greater access to spaces that allow for private communication and stress reduction ($p<.05$). Interestingly, staff reported above-average agreement when asked if agreed that they preferred the new design to the old in general and the new design relative to patient safety, privacy, and patient communication. Pre-and-post-study observation, behavior mapping, time-in-room and focus group data are nearly complete. We expect to report the documentation of these with preliminary findings at the conference in April.

This study contributes to health communication scholarship by highlighting the importance of a taken-for-granted factor, healthcare design, for communication in healthcare organizations. These findings reveal how the built environment can shape communication among healthcare professionals and with their patients. This research extends health communication scholarship using systems theoretical frameworks that illustrate how design features shape communication processes and staff-related outcomes. Understanding staff perceptions is an important element of building a culture of health in hospitals that are emergent, holistic, and complex.

Consumer Decision-making Based on Online Reviews: Are There Differences between Choosing a Hotel and Choosing a Physician?

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Background: Individuals increasingly use online review websites to inform their decision for commercial purchases and health care services. Particularly physician online rating websites (PORW) have gained popularity. However, their impact on health consumers' decision-making process remains largely unknown. Due to the similar design and setup of commercial and physician rating websites, the question emerges whether individuals use similar decision-making strategies when searching for a commercial good and a doctor.

Objective: To provide an in-depth understanding of young parents' decision-making when choosing a pediatrician based on online reviews and explore the extent to which this is the same as for other consumer services (i.e. choice of a hotel).

Methods: Between June and August 2015, we carried out a total of 22 in-depth interviews with parents of toddlers residing in the German-speaking part of Switzerland. Participants were invited to complete two choice tasks, which involved: (a) choosing a hotel based on the commercial online rating website TripAdvisor; and (b) selecting a pediatrician based on the physician-rating website Jameda. To better understand consumers' thought processes, we instructed participants to 'think-aloud', namely to verbalize their thinking while sorting through information and reaching decisions. We subsequently posed open-ended questions to allow them to elaborate more on factors influencing their decision-making, level of confidence in their final choice, as well as perceived differences and similarities in their search for a hotel and a physician. All interviews were recorded, transcribed, and analyzed using an inductive thematic approach.

Results: We interviewed 12 mothers and 10 fathers with a mean age of 32.9 years. Participants spent on average 9:57 minutes (SD= 9:22) searching for a hotel and 6:17 minutes (SD= 4:47) for a pediatrician. Although the choice of a doctor was perceived as more important than the choice of a hotel, participants found choosing a physician much easier than selecting an appropriate accommodation. Through an indicative thematic analysis of the interviews, which had followed the choice tasks, three themes emerged that explain why participants were faster in choosing a pediatrician than a hotel: (1) "trust in doctors", (2) "affect", and (3) "trial and error". First, participants displayed profound trust in doctors, as they perceived all doctors to be equally qualified and capable, which made them confident that any selected pediatrician would be a good choice. Secondly, they let the emotions that reviews or pictures of the physician evoked guide their choice-making. Thirdly, parents stated that independent of the kind or quality of information provided on PORWs, they would only know after the first visit whether they felt a connection with a physician or not. Hence, they would try a first consultation and subsequently decide to stay with that pediatrician or to switch to another doctor.

Conclusions: Physician choice based on online reviews was more guided by heuristics than the selection of an accommodation. The theoretical foundation in the decision-making literature, as well as the implications for PORW design will be discussed.

Creating a Culture of Safety: Developing Physician-to-Physician Communication Skills as Part of Undergraduate Medical Education

Sarah Theresa McGhee, Association of American Medical Colleges

For the first time in history, four generations are working together to provide health care to the American public. Each generation—Traditionalists, Baby Boomers, Generation X, Millennials—exhibits unique characteristics that influence how they contribute to academic medicine and science (Choo et al., 2015). Millennials (those born between 1980-1999) currently comprise the majority of medical students, residents, and fellows. Medical school faculty members are primarily Baby Boomers (born between 1945-1964) or Generation X (1964-1980) (Mohr, Smith-Coggins, Larrabee, Dyne, & Promes, 2011). The challenges of "multigenerational teams of health care providers" have been addressed in medical education literature to some degree; particularly with regard to learning styles and communication with supervisors (Borges, Manuel, Elam, & Jones, 2006, p. 571). Despite recent changes in medical school curriculum, an important skill has been taken for granted; physician-to-physician communication. This paper uses scholarly journal articles and government and private reports on patient safety to support the argument that physician-to-physician communication skills need to be formally incorporated into undergraduate medical school curriculum.

While interpersonal communication skills are taught as part of the formal undergraduate medical school curriculum, the focus is on provider-patient communication. Acquiring small group communication skills as members of interprofessional teams is also part of the formal curriculum at several academic medical centers. The emphasis on patient-provider communication and interprofessional team communication are the result of changing dynamics within the healthcare enterprise. Despite these changes and other curriculum innovation in undergraduate medical education, the focus remains on the acquisition of biomedical knowledge. However, there is evidence that certain physician behaviors can put patients and clinical staff at risk (Rawson, Thompson, Sostre, & Deitte, 2013).

Studies reveal that behaviors undermining a culture of safety are tolerated and as such, proliferate in health care because they are perceived as being part of the meta-culture of academic medicine (Till, Banerjee, & McKimm, 2015; Krugman, Jones, & Lowenstein, 2015). That is, these behaviors are being modeled by faculty members and thus, have become part of the belief scheme that it is "the way we do things around here" (Leape et al., 2012). Incorporating physician-to-physician communication competencies into the undergraduate medical curriculum will challenge the assumption that behaviors that undermine a culture of safety are acceptable practices. A changed organizational culture is needed—a culture that requires faculty physicians to master—and model competent interpersonal and small group communication.

As Baby Boomers retire, and members of Generation X move up the ranks, it is the Millennial generation that will take up roles as medical school faculty. Acquiring communication skills should have a place in medical school curriculum to ensure high quality patient care.

Cross National Newspaper Coverage of Coastal Contamination:

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A community structure analysis compared nation demographics and coverage of coastal contamination in an international cross-section of leading international newspapers from 19 countries, examining all relevant articles of 250+ words within a nine-year span from August 12, 2006 to October 5, 2015. The resulting 218 articles were coded for "prominence" (placement, headline size, article length, presence of graphics) and "direction," ("government responsibility," "societal responsibility," or "balanced/neutral" coverage), then combined into a composite "Media Vector" score for each newspaper (from 0.7347 to -0.1825, total range of 0.9172). Of the 19 international newspapers sampled, 16 of 19, or 84%, emphasized government responsibility in Media Vectors, suggesting an international call for government responsibility regarding coastal contamination. Initial Pearson correlations revealed five significant findings, the most important and innovative of which were measures of "coastal economic vulnerability": "aquaculture production in tons," ($r = 0.666$, $p = 0.013$) and "international fishery by principal export" ($r = 0.451$, $p = 0.053$), both linked to media emphasizing government responsibility in combating coastal contamination. The remaining three significant hypotheses also showed results that confirmed predictions.

Perhaps most important from a theoretical and health communication perspective, the present findings confirmed the vulnerability hypothesis (media can "mirror" the interests of marginal/vulnerable groups) found in several books by Pollock and colleagues (Pollock, 2007, 2013, 2015). Consistent with other research on cross national coverage of child labor (Kohn and Pollock, 2014), water handling (Wissel, et. al., 2014), and genetically-modified organisms - GMOs (Peitz et. al, 2015), this research supports the finding that measures of vulnerability can be associated consistently with cross-national media emphasis on government responsibility to address critical issues.

By contrast, overall measures of "privilege" were linked to coverage emphasizing "less" government responsibility for combating coastal contamination. Higher female school life expectancy, a measure of privilege, was connected to coverage emphasizing societal responsibility ($r = -0.415$, $p = 0.039$). Physicians per 100,000 residents hypothesis, a measure of health care access, was similar ($r = -0.413$, $p = 0.039$), as was GDP per capita ($r = -0.399$, $p = 0.045$), all associated with coverage emphasizing less government and more "society" responsibility for the issue. These results are consistent with previous cross-national community structure research -- for example, Agresti, Longo et al.'s (2015) research on Muslim immigration, Kohn and Pollock's (2014) work on child labor, and Wissel, et. al.'s (2014) scholarship on water handling), each associating measures of privilege strongly with coverage emphasizing "societal" rather than "governmental" responsibility for each issue.

Regression analysis found that amount of Aquaculture Production in Tons (42.8 percent of the variance) and International Fishery Production by Export (10.9 percent) together accounted for 53.7% of the variance, showing the influence that a country's aquaculture production has on government responsibility framing in newspapers internationally. Conversely, number of migrants, accounting for only 13.5 percent of the variance, was linked to media emphasizing less government/more societal responsibility. Overall, measures of "coastal economic vulnerability" were strongly connected to coverage supporting domestic government efforts to fight coastal contamination.

The Culture of Health on Social Media Platforms

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Social media platforms (SMPs) are the primary form of communication for young adults. Currently, there are hundreds of websites/apps classified as SMPs. However, only a select few are overwhelmingly adapted for social use. Even with the most popular platforms, research struggles to keep up with how and why young adults are using various SMPs. Media system dependency theory suggests the most effective communication approaches will seek to reach audiences through communication channels already adapted by the social network. The challenge regarding social media is that the literature remains fairly unclear on the social purpose of many of the SMPs. The purpose of this study was to explore what SMPs are being used for health-related purposes, specifically for seeking health information (RQ1), looking for help (RQ2), and seeking social support (RQ3). Undergraduate students (n=1,176) enrolled in communication courses were invited to participate in the research study through SONA, the School's participant recruitment center. Participants were asked which of the 10 most used SMPs they use to seek (a) health information, (b) help, and (c) social support. Frequency results revealed the following regarding college-aged SMP use for health purposes (asterisks indicate levels of use above 15%):

Facebook (n=1,028, a=7%, b=*19%, c=*17%)

Twitter (n=642, a=6%, b=12%, c=*19%)

Snapchat (n=930, a=1%, b=4%, c=7%)

Reddit (n=48, a=*21%, b=*17%, c=9%)

YikYak (n=169, a=1%, b=9%, c=10%)

LinkedIn (n=235, a=3%, b=13%, c=5%)

Pinterest (n=491, a=*34%, b=12%, c=2%)

Instagram (n=960, a=9%, b=4%, c=*15%)

Tumblr (n=270, a=9%, b=7%, c=*24%)

Tinder (n=105, a=0%, b=0%, c=3%)

It isn't surprising that participants didn't use many of the SMPs for health-related purposes—that isn't the function of any of the SMPs. Thus, it's relevant to health communication research that these sites are being used even in these small ways by college students for health-related reasons. Results indicate levels where 15% or more of participants used sites for the noted reasons. A key finding is the high rate of health information seeking that is occurring on Pinterest, a hobbyist site employing virtual bulletin-boards. It appears college-aged Pinterest users are actively seeking out health-related pins, which, given the mechanisms of the site, are likely to include topics such as recipes and exercise routines. Conversely, considering that most health agencies actively manage Facebook and Twitter accounts, it is important to consider that few college-aged Facebook and Twitter users are seeking health information through those SMPs. Thus, health agencies targeting college students should consider actively managing a Pinterest account where health tips and information can be posted. Another important finding is that a large percentage of college-aged Tumblr users, a personalized blogging site, engage with Tumblr for social support. This platform could be a key for social support resources and interventions. SMPs are a predominant communication channel that should be taken advantage of by health agencies seeking to improve health outcomes. Interestingly, across the three categories Reddit users engaged in the most health-related use; this site might possess high potential for health interventions. Overall, these channels should be used in a way consistent with current social uses, which, until now, were unknown in the context of health.

Dangerousness of Infected People and Severity of Infection: Causes, Consequences and Implications for Health Messaging

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From 2013 to 2015, the CDC posted press releases for the public and the media on multiple outbreaks that were caused by different agents (e.g., viruses, bacteria, and parasites); had different etiologies (e.g., mosquito bites or contact with bodily fluids); and differed in their physical symptoms (e.g., neurological symptoms, mortality rates, and curability). These types of content resonate with that described as constituting a fear appeal (e.g., Witte, 1992, 1994; Witte, Meyer, & Martell, 2001) and a stigma appeal (Smith, 2007, 2011).

In studies of fear appeals (e.g., Witte, 1994; Witte & Allen, 2000), disease threat, particularly severity (i.e., perceived significance or magnitude of the threat; Witte et al., 2001), induced perceptions of disease threat, which promoted compliance with recommended health behaviors (e.g., get vaccinated). In studies of stigma appeals (e.g., Smith, 2012, 2014), stigma appeals induced perceptions of the infected people as dangerous, which promoted stigma processes, such as forming stigma beliefs (Smith, 2012), supporting the isolation and removal of infected persons (Smith, 2012, 2014). Effective health messaging, then, may depend on distinguishing the message content that prompts perceptions of people as dangerous versus diseases as severe, and understanding the consequences of those perceptions for stigma processes.

The experimental study had a 24 factorial, between-subjects design: 2 curable (bacterial infection-antibiotics may work/viral infection-antibiotics will not work) x 2 physical peril options (high/low) x 2 neurological peril options (high/low) x 2 etiology options (human-to-human via fecal-oral/mosquito vector). US citizens (N = 368) recruited through Amazon's Mechanical Turk were shown one of the 16 possible messages through random assignment. Following Smith's (2012) procedures, a stimulus was created based on CDC releases. Regulation support and social distancing were assessed before and after exposure to the stimulus. A confirmatory factor analysis of scales-dangerousness, severity, frustration, regulation support (post-test), social distancing (post-test), cynicism, and disgust sensitivity-showed reasonable goodness of fit (Holbert & Stephenson, 2002): RMSEA = .07 [90% CI; .06, .07], SRMR = .06, with χ^2 (df = 681, N = 368) = 1781.95, $p < .001$.

The results of this factorial experiment showed that content related to physical peril, neurological peril, and transmission etiology were associated with dangerousness ($R^2 = .32$) and severity ($R^2 = .39$), but the patterns differed. As predicted, frustration with infected persons was positively associated with perceived dangerousness, $r(366) = .38$, $p < .05$, but not severity, $r(366) = .01$, ns. Furthermore, the desire to help infected persons was negatively associated with dangerousness, $r(366) = -.11$, $p < .05$, but was positively associated with disease severity, $r(366) = .22$, $p < .05$.

The findings furthered our understanding of how news releases about infectious disease outbreaks catalyze stigma processes. Infectious disease outbreaks will continue, and health agencies will continue to publish content for public and media consumption. Outbreaks of infectious diseases will continue to happen; agencies need evidence-based guidance on how to communicate with the public in ways that alert them to disease threats without inducing stigmatization.

Determinants of Health Information Seeking and Sharing Online in Germany with Special Regard to Gender Differences

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Today, patients are increasingly challenged to make informed choices regarding their health care and to play an active role in health-related decisions by making use of health information (Anker et al., 2011; Nijman et al., 2014). The Internet has already taken on a prominent and still increasing role with regard to health information (Fox & Duggan, 2013). But still, there are significant disparities regarding access to and processing of health information online with fewer benefits particularly for older and lower educated people (Nijman et al., 2014; Hall et al., 2015). Gender differences might be concealed by differing motives for seeking health information; while women are more interested in health issues and emotional support, men are more inclined to receive informational support (Mo et al., 2009).

Due to existing interactions between communication inequalities and health disparities (Viswanath & Kreuter, 2007), research on health information seeking should attach importance to the gap between 'health-onliners' and 'health-offliners', but also to determinants of the intensity of health information seeking online. In order to approach these tasks, we analyzed data from a representative health survey of the German adult population ('Bertelsmann Healthcare Monitor'; N = 1,728). A logistic regression model was used to analyze the influence of socio-demographic, motivational and health-related factors on differences between 'health-onliners' and 'health-offliners'. Additionally, negative binomial regression models were conducted to explain the frequency of health information searching.

Among all Internet users (n = 1,219), 53 % searched for health information online (n = 647). While there was no evidence for gender differences, age and SES served as significant predictors of either being a 'health-onliner' or a 'health-offliner'. Furthermore, being a 'health-onliner' was more likely if a person was acutely affected by health problems, demonstrated a higher general interest in and consciousness of health issues when being a patient. Focusing only on 'health-onliners', SES and the status as a patient turned out to be no relevant predictors for higher frequencies of information seeking any more. Instead, a low level of satisfaction with primary care was associated to more health-related online activities. There was no influence of gender on the frequency of use for the whole sample, but interesting differences in the patterns of influences between women and men revealed. Age, general interest in health topics and dissatisfaction with the primary care physician influenced seeking behaviors only for women. Moreover, women and men are guided by different motivational factors: Whereas the frequency of online health information use was associated with the goal of empowerment only among women, the wish for informational support was a significant predictor only for men.

The data show that SES and age still are relevant barriers for the general access to health information on the Internet. Among 'health-onliners' gender differences are salient. Dissatisfaction with primary care seems to trigger women's need for patient empowerment which fosters online health information activities and thus might indicate compensatory functions. These and further results, particularly regarding gender differences, implications and methodical limitations are discussed and compared to international data.

Developing a Serious Video Game for Preteens to Motivate HPV Vaccination Decision-making: "Land of Secret Gardens"

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Introduction. Vaccination against the sexually transmitted infection (STI) human papillomavirus (HPV) is routinely recommended for ages 11-12, yet in 2014 only 26.2% of females and 16.2% of males had completed the 3-dose series. An important barrier to vaccination is reluctance among parents, their preteens, and providers to discuss the vaccine, an antecedent to decision-making. We hypothesize that offering information and cues to action through a serious game format designed for preteens will help foster HPV vaccination awareness, information seeking and communication among preteens, parents and providers. The video game is part of the Protect Them intervention which employs multiple communication strategies to promote HPV vaccine uptake.

Materials and Methods. Researchers used an iterative process to develop the video game, Land of Secret Gardens in partnership with professional game developers. We conducted 3 focus groups with 16 boys and girls, ages 11-12, to solicit their input on the game design, acceptability, and real-time functioning. Two parallel focus groups explored parents' perspective on the game concept. Finally, we conducted 2 post-intervention focus groups with 3 parent-preteen dyads. Two researchers jointly identified key themes.

Results. Design - Preteens wanted a game that combined fun and learning, provided an opportunity to earn tokens, and offered advancing levels. They liked the garden concept and were interested in facts about HPV. Parents also favored levels, contingent on correct answers to HPV knowledge questions. Some parents expressed hesitancy around games as motivational tools ("games are not real, diseases are real"). Game Play - Preteens said they would play the game with parents but not with friends because of the sensitive STI topic. Final Game - Land of Secret Gardens is a metaphor for a preteen's body and journey into adulthood. Players engage in interactive mini-games to learn the importance of HPV vaccination using a sequence where players plant seeds, create a potion to protect their plants, and nurture their plants to maturity. Coins earned through mini-games can be used to purchase garden supplies and potion ingredients. The design includes gamification with rewards and levels, and excludes elements of competition and peer pressure. Players learn facts about HPV and the benefits of vaccination via messages that briefly flash on screen without interrupting play. Game messages included 10 core facts about HPV and HPV vaccine: what HPV stands for, HPV causes genital warts, can cause certain cancers, can be transmitted by sexual contact, most people get HPV at some point in life, HPV can be prevented by vaccine and vaccination is recommended for boys and girls at ages 11-12, HPV vaccine is safe and effective and can be given with other vaccines. Intervention pilot Preteens liked "learning new things about your body," "educating myself to protect myself in the future," "garden reminded her of real garden." One father said, "It gave me a reason to talk about it...and gave her a reason to ask."

Conclusions. Serious video games are feasible channels to promote HPV vaccine awareness, understanding, and communication. Next steps include examining efficacy.

Developing a Text Messaging Intervention for Smoking Cessation Among Chinese/Korean Immigrants: Findings from Message Pretesting

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Tobacco use is the leading cause of preventable morbidity and mortality in the United States (DHHS, 2014). The public health burden caused by tobacco is particularly heavy among first-generation Chinese and Korean immigrants whose home countries have significantly higher smoking rates than the United States (52.1% among men in China and 47.3% among men in Korea, WHO, 2013). Targeted promotion of smoking cessation for these groups will make important contributions to public health and toward building a culture of health among Korean and Chinese immigrant communities.

The current study is part of a larger effort to pilot a tobacco cessation intervention using mobile phone technologies targeting these immigrant populations. The use of mobile technologies promises a relatively low cost yet efficient method to reach and potentially influence marginalized populations. The use of graphics holds strong potential to help overcome language and literacy obstacles often encountered in interventions targeting immigrant and other low socioeconomic groups. The current research presents feedback from focus groups with adult male smokers who were born in China or Korea. The primary goal of the focus groups was to solicit reactions to a series of preliminary messages to be adapted and subsequently used for the mobile phone intervention. Based on the Extended Parallel Process Model (EPPM), we pilot tested several types of threat and efficacy messages. The three main categories of threat messages presented in the focus groups included (a) graphic warning messages proposed by the FDA for use in the United States, (b) more vivid graphic tobacco warnings from other countries, and (c) a series of culturally-tailored graphics and messages developed by the research team. The efficacy messages tested consisted of varied "tips to quit" adapted from a national database (SmokefreeTXT) as well as newly developed messages directing participants to an Asian-specific Quitline. Testing focused primarily on message comprehension, congruency between text and graphics, message relatability, and cultural sensitivity.

Participants were recruited from local Chinese (n = 32) and Korean (n = 13) communities in the Metropolitan DC area. Opinions about different message strategies were scattered and mixed. However, participants tended to rate messages more positively when they focused on the impact of smoking on family and loved ones. Messages with fear-arousing images were also perceived to be effective at low frequency of exposure, but may backfire at high exposure. Awareness and interest in Quitline was low, and there were not a uniform response to effectiveness of quitting tips. Participants reported a preference for receiving messages a few times a week, either through text message or WeChat (a Chinese social media platform). Perceived barriers to message effectiveness included social normative environment, perceived knowledge saturation, addiction and availability of cigarettes.

Diffusion of the eVisit: Attribute Relevance in Early Adoption

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Patient adoption of the evisit is essential to closing the gap between consumer demand and access to quality healthcare. Recent advancements in HIPPA compliant evisit technology has created a new platform for doctor-patient interaction. The rapid growth and implementation of telehealth technology, the evisit in particular, inspires new research to discover what attracts early adopters to participate. Using a cross-sectional survey design, early adopters (N=310) who had previously attended at least one evisit, were recruited through Amazon Mechanical Turks between November 1, 2015 and November 22, 2015. Results indicated a positive, directional relationship between the five individual attributes of diffusion and intended future use. In addition, modifications to Atkinson's (2007) attributes of diffusion scale demonstrated improved reliability and utility for future use in analyzing patient perceptions of Rogers' (1995) original five attributes of diffusion, as they pertain to the evisit. The age of the evisit is here. Communication scholars are well positioned to aid in the present transition from traditional care to online care. This study adds to a limited body of research within the context of the evisit; and encourages the coalescence of scholarship around a singular measurement as diffusion assessment continues.

Direct and Indirect Effects of Narrative/Non-Narrative Examples and Victim Circumstances on Support for Sex Trafficking Victims

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Sex trafficking is a serious and growing public health issue in the U.S. (Epstein & Edelman, 2013). Available data suggests there are 200,000-400,000 victims of domestic sex trafficking yearly (Clawson et al., 2009). Sex trafficking has health consequences for the victim (e.g., physical injuries, STIs, mental health), and impacts the healthcare system (Lederer & Wetzel, 2014). In recent years, nearly every state enacted harsher laws punishing traffickers; however, less progress has been made towards public understanding about the prevalence and impact of domestic sex trafficking. Government agencies and advocacy organizations have stated that more public support is needed for victim services such as shelters and outreach (Epstein & Edelman, 2013). Advocates seeking to increase victim support often rely on sharing victim stories or profiles (Johnston, Friedman, & Shafer, 2012). Yet little, if any, research has examined the effects of these profiles.

This study examined the impact of victim profiles told as a narrative anecdote (one victim's story of how she became trafficked, what she suffered, and how she escaped) or told as a concrete but non-anecdotal example of how victims become trafficked, what they suffer, and how they escape. Additionally, the effects of victim circumstances described in the profiles (victim was kidnapped vs. groomed) were investigated. Theory-based analyses explored how these effects occurred through mediation. The results contribute to our theoretical understanding of narrative-based persuasion and the practical significance of creating more effective messages to combat this devastating health issue.

A 2 (narrative-based anecdote/concrete non-anecdote) X 2 (victim kidnapped/groomed) between-subjects factorial design experiment was conducted with undergraduates (N = 109). Participants were randomly assigned to read one condition profile and complete a posttest measuring mediator variables (identification, similarity, relevance, and vulnerability) and outcome variables such as victim blaming, support for victim services, and intentions to take supportive actions.

ANOVAs tested main and interaction effects and the PROCESS macro (Hayes, 2012) examined indirect effects of the mediators. Main effects found that the narrative-based anecdote resulted in higher levels of victim blaming, less identification with the victim, yet greater perceived vulnerability, and higher personal relevance of the story than the non-anecdotal example did ($p < .05$). Main effects were also found for the victim-kidnapped condition, which resulted in lower levels of victim blaming, more perceptions of similarity to the victim, and greater perceived vulnerability compared to the victim-groomed condition ($p < .05$). Significant indirect effects indicated that personal relevance positively mediated the relationship between the story condition and support for victim services and support intentions, whereas victim blaming negatively mediated those same relationships. Overall, narrative-based anecdotes had both helpful and harmful effects to beliefs related to supporting sex trafficking victims compared to non-anecdotal examples. Considering most research supports the use of narratives in health communication, this study suggests there may be contexts where unintended effects should be further examined through theoretical lenses. Results for the victim circumstances conditions showed positive effects when a victim was kidnapped compared to being groomed into sex trafficking, which confirms the need to further educate the public about victimization.

Does Talk Matter?: The Moderating Effect of Discussion about the Intervention on Acceptance of Gay Individuals

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Research has documented the deleterious effects homophobic beliefs and attitudes have on the well-being of gay individuals (O'Donnell, Meyer, & Schwartz, 2011). Marginalization and prejudice against gay individuals cause stress, engagement in risky sexual behavior (Diaz, Ayala, & Bein, 2004), and depression (Lewis, Derlega, Griffin, & Krowinski, 2003). Family and other forms of social support present the potential to assuage some of these stressors among gay individuals, particularly men of color. A strategy for addressing these health inequities is disseminating health communication messages aimed at reducing homophobia within communities or certain sections of the population. Reduction of homophobia and prejudice may have a positive impact on the health of sexual minorities.

Communication researchers have explored the possibility that interpersonal communication actually moderates media effects (Druckman, 2004; Hardy, & Scheufele, 2005; van den Putte, Southwell, & Yzer, 2006). This study thus investigates the effect of the Acceptance Journeys campaign in Milwaukee, and how people's discussion about the campaign message moderates this effect. The study tests whether campaign materials generate talk among participants, and whether these conversations amplify or attenuate people's attitude change toward LGBT individuals. Our communication model also theorizes that the relationship between exposure to a health communication campaign aimed at decreasing levels of homophobia within communities of color, and its effect on acceptance of gay men, is mediated by three distinct variables: impact of stigma, community acceptance, and attitudes toward gay men. We also hypothesize that the effects of campaign exposure will be amplified by discussion about the campaign, where those who were exposed to the campaign and discussed it with friends and family will show stronger acceptance of gay men than those who were exposed to the messages of the campaign, but did not discuss it with family or friends.

In order to test our hypothesized model, the study will analyze data obtained from the Acceptance Journeys campaign, which is a public health campaign that ran in the city of Milwaukee as a means to address social exclusion of LGBT individuals, especially in the African American community. The campaign encompasses story cards with messages about anti-gay discrimination and social acceptance, as well as billboards and a website. As part of the campaign assessment, data were collected annually between 2011 and 2015, and this serves as the basis for this research project. The preliminary analysis supported all the hypothesized paths to be statistically significant. The main statistical analyses is in progress, and will be completed by or before April 2016.

The potential for teasing out the mechanisms underlying the relationship between campaign exposure and attitudinal change constitutes an important contribution to the literature. A more detailed understanding of the manner people process and discuss health information obtained from media messages, and the way it impacts their attitudes may lead to more successful health communication campaign design in the future.

Dyads and Universal Design in Health Programming for Individuals with Developmental Disabilities and their Health Partners

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For people with disabilities, maintaining health is essential to being self-sufficient, achieving or maintaining independence, participating in society, and preventing onset of secondary health conditions. Yet, people with disabilities typically have poorer health than the general population and drastically higher rates of obesity and related conditions (CDC, 2015). 2014 Kentucky National Core Indicators indicate that individuals with developmental disabilities are at an extreme disadvantage related to health outcomes. Over 70% of surveyed Kentuckians were overweight or obese, with only 19% engaging in at least 30 minutes of moderate physical activity three days a week (Human Services Research Institute & NASDDDS, 2015). It is clear that health and wellness programming efforts aimed at improving health outcomes for individuals with disabilities are necessary. Program Outline: The Health Partners Program utilizes an evidence based curriculum that emphasizes holistic health and self-determination. The program is intended to be completed by individuals with a developmental disability and a health partner. The curriculum was reviewed with an expert panel and self-advocates to be updated to incorporate the dyad approach and Universal Design for Learning (UDL). Initially curriculum was intended only for individuals with disabilities and did not address the need for caregiver support. In order to adapt the program to meet the needs of all individuals, the principles of UDL were applied. This gives participants the opportunity to receive information and respond through multiple means of representation and expression. Methods: This project aims at serving 120 individuals with developmental disabilities and 120 health partners. Self-reported changes in health behavior self-efficacy will be evaluated along with outcome measures of work towards individual goals. Two pilot groups were conducted in November 2015 with six dyads participating for a total of 12 participants. Widespread programming will begin in January with feedback from the initial workshops and monthly follow up meetings that can be made available for poster presentation in April 2016. Culture of Health: We can direct programming at underserved populations such as those with developmental disabilities, but if we fail to include their networks of supports we aren't addressing the full scope of need. Caregivers that serve as health partners for this program play a major role in supporting individuals with developmental disabilities. By expanding programming to an inclusive setting, both partners benefit from health information and resources along with the sustainability of holding each other accountable for reaching self-identified goals. Contributions to the Field: Social relationships play are essential to promoting health and wellbeing between the dyad (Reed, 2013). The benefits of a dyadic approach to health promotion programming go beyond increased health outcomes for all participants, with and without developmental disabilities. There are benefits to successful healthy behavior change and sustainability by having someone to encourage, motivate, and hold one another accountable. Communication between partners strengthens the success of healthy behavior change. Additionally, the UDL approach of providing health education in a variety of formats reaches a gambit of learning styles of diverse participants and positively affects comprehension and engagement.

The Effect of a Calorie Labeling Nudging Intervention and Self-control on Food and Beverage Choices of Emerging Adults

**Camella Rising, George Mason University
Nadine Bol, University of Amsterdam**

According to the Institute of Medicine, emerging adults (18-25 year olds) are at the forefront of the U.S. obesity epidemic. One proposed intervention to address obesity across populations is to require that chain restaurants and similar establishments communicate nutrition information to consumers through menu calorie labeling. Since such labeling is provided in the context of a "choice architecture" (i.e., the menu) it is conceivably a nudging intervention. According to nudging theory, a nudge encourages, rather than mandates, better decision-making. Given emerging adults' obesity risk, this study aims to test the effect of calorie labeling on their menu choices. Moreover, the potential moderating role of self-control will be examined. We hypothesized that a calorie-label nudge would increase the likelihood of choosing lower calorie options, and that this effect would only occur among those with relatively high self-control.

This study entailed a two (calorie labeling: yes vs. no) by two (menu choice order: lower vs. higher calorie option displayed first) between-subjects experimental design ($n = 179$). Through an online questionnaire, each participant received one of four menu versions from which they selected one each from six salad and eight beverage options. The questionnaire also assessed participant background and included a calorie-label awareness manipulation check and self-control measure (two subscales: impulsivity and restraint). Logistic regression analyses were conducted (dependent variables: salad choice, beverage choice; independent variable: calorie labeling; covariates: calorie awareness, menu choice order, history of eating disorder, BMI). To examine the moderating effect of self-control, the Hayes' PROCESS macro Model 2 was used in addition to logistic regression to calculate conditional effects.

Results revealed that calorie labeling increased the likelihood of choosing lower calorie food (OR = 2.70; 95% CI 1.39 - 5.24) and beverage options (OR = 3.19; 95% CI 1.59 - 6.42). Moreover, calorie labeling only led to a lower calorie food selection among those with high self-control. This moderating effect was not revealed for beverage choice. Calorie labeling resulted in a lower calorie food choice when a low sense of impulsivity and a high sense of restraint both existed ($b = 1.57$, SE = 0.63, $p = .012$), as well as when there was a low sense of impulsivity but not a high sense of restraint ($b = 1.19$, SE = 0.60, $p = .047$).

Our findings demonstrate that in a controlled setting calorie labeling alone can nudge individuals to make lower calorie menu choices. Moreover, we found that self-control moderates the effect of calorie labeling on food choices, such that higher self-control explains the effect of a calorie-label nudge on selecting a lower calorie food option. Although these results may be limited in their generalizability, they highlight that the forthcoming FDA menu labeling regulations may be effective for some but not all individuals. Future studies confirming the effect of self-control as well as other possible moderators of choice are warranted. Public health nutritionists, policymakers, and communication scholars should work collaboratively to develop comprehensive nudging interventions that address these factors and complement menu labeling regulations.

The Effect of Physician Endorsement on Patients' Perceived Importance and Necessity in Disclosing Genetic Disease to Family

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When a physician diagnoses a patient with a genetic disease, disclosure to family is an important communication action for both the patient and family. Timely disclosure by the patient to family may help to "activate" [1] family into providing needed support to the patient [2,3], as well as activate individuals in that family to be tested for the disease [4,5,6]. This study examines whether physician endorsement of disclosing a genetic disease diagnosis to family influences patients' perceptions of importance and necessity to disclose to family their diagnosis.

We conducted online surveys with patients ($N = 237$, Mean age: 54 years; 85.0% Caucasian) diagnosed with a genetic disease called polycystic kidney disease (PKD). This patient group was used because though kidney failure is likely, the patient has the ability to make lifestyle choices that could slow disease progression - choices that could be improved by family support [7]. The patients in this study are the first person in their family diagnosed with PKD, called the proband. This group was studied because probands involuntarily become the responsible party for deciding whether to inform family of the inheritable disease and are also the first ones who would be seeking support from family in dealing with the disease.

Four variables were examined in this study. IVs included participant recall of physician explaining family members' risk for the disease and recall of whether the physician suggested sharing the diagnosis with family. DVs were participant's perceived importance and perceived necessity to disclose diagnosis to family, with each measured on a three-point scale.

For analysis, the three answer choices ("yes," "no" and "don't remember") were used as natural groups in four separate one-way ANOVAs. Analyses revealed that participants were significantly more likely to think it was important $F(2,233) = 5.06, p > .01, \eta = .042$ and approached significance in thinking it was necessary $F(2,235) = 2.80, p = .06$ to disclose when the physician explained that family members were at risk, too. Analyses also revealed that participants were significantly more likely to think it was important $F(2,232) = 10.48, p > .001, \eta = 0.083$ and necessary $F(2,234) = 14.39, p > .001, \eta = 0.110$ to disclose when the physician recommended disclosing the diagnosis to family.

Based on these results, physicians should be made aware their endorsement of disclosing to family can significantly increase probands' perceived importance and necessity of talking to their family. Additionally, results also reveal that emphasizing the genetic risk for family can increase a patient's perception that it is important and necessary to tell their family. The triad of physician-patient-family communication in the genetic disease context is a relatively understudied area in health communication and this study takes a small step in addressing that gap. Future research should continue to study the effect of physician communication on probands' diagnosis disclosure to family members and follow-up actions taken by family members after the proband's disclosure (i.e., activation of family members to provide support and/or get tested).

The Effects of Frames and Reference Points in Health Messages on Information Processing and Persuasion

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Background Messages promoting health behaviors can be designed in various different ways, among which message frames and reference points are two common features. Although effects of frames (gain vs. loss of a health behavior) and reference points (self vs. others who benefit or suffer from that behavior) are each explored, little is known about the effectiveness of combining them in one message. This study examines whether and how message frames and reference points interact to affect information processing and persuasion.

Compared to gain frames, a loss-framed message requires more cognitive efforts to process in order to avoid the loss (Keller & Block, 1996; Loroz, 2007). Because self is one of the richest schemas in memory (Kuiper & Rogers, 1979), a message referenced to self increases the amount of cognitive resources available to process the message. When frames and reference points are combined, we argue that a match between the amount of cognitive resources required and available is more effective than a mismatch. Specifically, loss-framed, self-referenced or gain-framed, other-referenced health messages lead to more elaboration on message content and thus greater behavioral intention than gain-framed, self-referenced or loss-framed, other-referenced messages.

A 2 (frame: gain vs. loss) X 2 (reference point: self vs. other) experiment was conducted in June 2015. An online survey sampling company recruited 1,765 participants for this online study about mononucleosis vaccination. Our final sample consisted of 613 participants. The depth of elaboration (Stephenson, 2003) was measured on 5-point scales (1="not at all" to 5="very much") and averaged ($M=3.27$; $SD=1.09$). The valence of elaboration was assessed on a 5-point scale (-2="very negative" to 2="very positive"). The depth and valence were multiplied to compute the overall message elaboration ($M=1.72$; $SD=3.22$). Behavioral intention was measured on 7-point Likert scales (1="strongly disagree" to 7="strongly agree") and averaged ($M=4.19$; $SD=1.75$).

Results of ANCOVA suggested a significant interaction between message frames and reference points after controlling for perceived risk and involvement ($F(5,607) = 4.06$, $p = .02$, one tailed). Consistent with our hypothesis, elaboration was enhanced in the matched conditions such that the loss-framed, self-referenced, or the gain-framed, other-referenced message engendered more elaboration than the gain-framed, self-referenced, or the loss-framed, other-targeted message.

A test of moderated mediation was conducted using PROCESS Model 7 (Hayes, 2013) with 1,000 bootstrapped samples. Both the model predicting elaboration ($F(5, 607) = 6.95$, $p < .001$) and the model predicting behavioral intention ($F(4, 608) = 38.12$, $p < .001$, $R^2 = .20$) were significant. Message elaboration was a positive and significant predictor of behavioral intention, indicating support for the hypothesized matching effect. The index of the mediation path was also significant ($-.24$, 95% CI: $-.471 - -.020$), which was primarily driven by the differential effectiveness of frames in the self-referenced condition.

This study shows how message frames and reference points interact to affect information processing and persuasion. The findings provide valuable information for designing health messages.

The Effects of Targeted Messages on Cancer Patients' Affective Attitudes, Injunctive Norms and Intention to Express Concerns

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Annemiek Linn, University of Amsterdam
Julia van Weert, University of Amsterdam
Edith Smit, University of Amsterdam

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Emerging Adults Supporting Parents with Chronic Health Conditions: A Turning Point Analysis

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In the US, we are facing a "chronic burden of care," which states that most individuals will live with a chronic health condition throughout their life, and that their family members—many times their children—will become their informal caregivers and provide a majority of their care (Bodenheimer, Chen, & Bennett, 2009). Research on caregiving often focuses on older children, the "sandwich generation" who care for elderly parents while raising children of their own (Roots, 1998), yet we know much less about children's early experiences supporting parents and how support in the relationship unfolds over time. To address this gap, we interviewed emerging adults because it is during emerging adulthood that the nature of children's relationships with their parents changes, and children begin to see their parents as peers (Arnett, 2000). Supporting a parent through this life phase transition has implications for the EA's development and the parent-child relationships moving into adulthood. Thus, this study was designed to understand the support-related critical moments, or turning points, experienced by emerging adults over the course of their parent's chronic health condition. Our research questions were:

RQ1: What are the salient turning points in the trajectory of a parent's chronic health condition?

RQ2: What factors shape and characterize support at these turning points?

We interviewed 98 emerging adults (30 males and 68 females) about their experiences supporting a parent with a chronic health condition. Participants were on average 19.09 years of age. We employed the Retrospective Interview Technique (RIT; e.g., Baxter & Bullis, 1986) which is a type of commonly used interview protocol in which participants plot (on a graph, x-axis being time and y-axis being support) critical moments in the trajectory of a relationship. For this study, participants plotted turning points in the trajectory of their parent's health condition. Turning points were analyzed using constant comparison thematic analyses (coding) of the turning points and their characteristics.

We identified six types of turning points in the trajectory of parents' chronic health condition. For each, participants described how these important moments: a) affected the ways in which they could help their parent, b) moved them to be more or less supportive of their parent's health, and c) changed how they saw their parent as a person and how they made sense of their parent's health. The first type is developmental and included gaining a driver's license, going to college, and graduation. The second is relational and included conflict and relational maintenance (e.g., talking more regularly) in the relationship. Third, health-related turning points included changes in parent's health, such as gradual improvements or declines, major procedures, and even death. The fourth type, informational, included learning new information about their own their parent's, and their family's health (e.g., from class; from family medical history during doctor visits). Fifth, structural turning points included changes in the family structure because of divorce, job loss, moves, and deaths. The sixth type of turning point is ritual and included disrupted, adapted, and newly-created family rituals.

Employee Wellness Coaching as a Communication Intervention: Exploring Intervention Effects on Healthcare Costs

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Organizations are continually faced with decisions on how to bear the burden of excessive healthcare costs. Employers have responded to this problem with the implementation of a wide range of health and wellness services (e.g., screening activities, health promotion activities) intended to reduce costs by preventing the onset of disease and/or diagnosing and treating disease at an early stage (Farrell & Geist-Martin, 2005; Geist-Martin, Horsley, & Farrell, 2003; Mattke et al., 2013). One such service, wellness coaching, provides a salient context for examining the impact of highly tailored communication activities oriented toward improving employee health and wellness. Wellness coaching is a holistic behavioral intervention conducted by credentialed health, fitness, and mental health professionals who help clients attain wellness-promoting goals in order to change lifestyle-related behaviors across a range of areas, including physical activity, nutrition, weight, stress, and life satisfaction (Moore & Tschannen-Moran, 2010).

To date, researchers have examined the impact of coaching on clinical definitions of health outcomes (e.g., health status) but have yet to study its impact on healthcare costs - information that is of key value to employers considering these types of services. Thus, the purpose of this research project is to identify whether the affects of a wellness coaching intervention will influence healthcare costs.

Clients met with a certified coach to identify at least one area of their life where they would like to make changes along with 3-5 weekly goals that would help them move toward achieving their long-term goals. In subsequent sessions, weekly or as needed, coaches and clients reviewed goal attainment progress, identified challenges, brainstormed solutions, and agreed on goals for the following week.

De-identified secondary data was provided by an employer health management firm with information containing 45 months of abstracted health records based on medical claims information, on approximately 14,000 employees, almost 500 of which took part in the wellness coaching intervention at different times during this period.

In order to compare coached and the entire population of non-coached employees, a propensity scoring method was used. This technique randomly matches participants in the treatment group with similar others from the untreated group based on a set of pre-specified parameters in order to create an equivalent comparison group ((Austin, 2011).

Overall, the results paint a promising picture for wellness coaching interventions. While coached, compared to similar non-coached, participants see an increase in total and projected healthcare costs, they also see an increase in indicators of patient engagement (e.g., filling required prescriptions, getting screenings) following a coaching intervention. Mediation analyses demonstrated that indicators of patient engagement explain the increase in healthcare costs following a coaching intervention. In other words, coaching is associated with improvements to patient engagement, which leads to initial increases in healthcare costs (e.g., total costs for diabetes, total costs for pharmacy). Results also reveal that these initial healthcare costs will start to decrease over time while patient engagement remains the same, suggesting that employers may save money on medical claims in the long run.

Ends over Means: Self-affirmation Changes Attitude and Self-efficacy Effects on Behavioral Intention

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Self-affirmation research suggests that giving people an opportunity to affirm important values reduces defensive processing of uncongenial information. The logic is based on the well-documented human drive to preserve a global sense of self-integrity (Steele, 1988). Experiences such as learning about risks to one's health can threaten people's sense of self-integrity and induce psychological discomfort that individuals feel they must reduce. People can reduce this discomfort and restore self-integrity by reducing the perception of threat through defensive processing of the self-threatening information, but alternatively they can restore self-integrity by reflecting on self-important values to reassure that their self-worth is sustained by sources other than the threatened self-aspect.

Self-affirmation research in the health domain has shown small but reliable positive effects of self-affirmation on acceptance of health risk information and intentions to change across a range of health behaviors, including smoking cessation, alcohol consumption, and physical activity (Epton et al., 2015). More specifically, extant self-affirmation research in the health domain has focused on self-affirmation effects on change in mean levels of outcome variables. However, behavior change also occurs when associations between predictors and outcomes change. To date no research tested whether and how self-affirmation might exert influence by changing the associations between key determinants of behavioral change (i.e., behavioral intention, attitude, subjective norm, and self-efficacy).

To begin filling this gap in the literature we analyzed data on sunscreen use from 200 college students who participated in a 2 (Self-affirmation: yes - no) by 2 (Level of threat in sunscreen use message: high - low) by 2 (Threat domain: freedom of choice - health) between-subjects experiment. Because self-affirmation is relevant for high threat situations we focused on self-affirmation effects under low and high threat and controlled for threat domain to reduce possible confounding effects of the threat domain. Analyses showed that under high threat but no self-affirmation, the attitude--intention association was weak ($\beta=.13$, $t=.92$, $p=.362$) but the self-efficacy--intention association was strong ($\beta=.57$, $t=4.15$, $p=.000$). However, when participants self-affirmed and received a high threat message, the attitude--intention association was strong ($\beta=.55$, $t=3.50$, $p=.001$) while the self-efficacy--intention association was weak ($\beta=.15$, $t=.94$, $p=.352$). These importance shifting effects of self-affirmation did not occur when participants received a low threat message.

The results suggest that self-affirmation may influence behavioral intention by bolstering the impact of attitude while dampening the impact of self-efficacy. This is consistent with Wakslak and Trope's (2009) proposition that self-affirmation shifts people's thinking to a high construal level where behaviors tend to be identified in terms of ends (i.e., desirability of behavioral outcomes) rather than means (i.e., ways to achieve the outcomes). When asked to gauge their behavioral intentions, self-affirmation may have led our participants to focus more on the desirability of behavioral outcomes (i.e., attitude) while less on their confidence in their abilities to perform the behavior to attain the outcomes (i.e., self-efficacy). These novel findings offer exciting new ideas about the roles of self-affirmation in health communication efforts.

Evaluating the Effects of a National Text-Message Anti-Smoking Program By Socioeconomic Status

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Linda Squiers, RTI International
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Disparities in smoking by socioeconomic status (SES) continue to warrant attention and action from the health communication field. Smoking cessation programs targeting the general population should not only evaluate program effects on the full population, but also whether effects differ between higher SES groups and the lower SES groups who historically have poorer smoking and quitting outcomes. Few studies have examined whether text-message-based cessation programs differentially impact quitting by SES, particularly among young adults for whom use of cell phones and smart phones is widespread. Recent evidence indicated that the National Cancer Institute's SmokefreeTXT (SFTXT) program influenced cessation outcomes among a sample of young adults in the United States (Author citation, 2015). The current study evaluated whether SFTXT effects were contingent on SES.

Current smokers ages 18-29 were recruited to the study through online advertisements on web sites and search engines (e.g., Facebook, Google). Individuals who reported on an initial screener that they were interested in quitting smoking and could receive text messages on their mobile phones (among other criteria) were eligible for the study. Participants completed a baseline survey online and received a quit date scheduled for two weeks after baseline. Participants were randomly assigned to one of three program arms that delivered different sets of text messages. Program 1 included only quit date reminders and texts asking about current smoking status after the assigned quit date. Program 2 included the same texts as Program 1, and a set of texts designed to motivate quitting as participants neared their quit date. Program 3 represented the "full campaign" and included all texts from Programs 1 and 2, as well as texts designed to support the quitting process for 6 weeks after the quit date.

Participants reported their demographic characteristics on the baseline survey (N = 4,027), including education and income, which served as indicators of SES. Participants were also asked to complete follow-up surveys at 8 weeks (N = 2,881), 20 weeks (N = 2,675), and 32 weeks (N = 2,603) after baseline. These surveys asked participants about their motivation to quit on a 10-point scale and whether they had smoked in the past 7 days (yes vs. no), which served as an indicator of quitting behavior. The current analysis tested whether education and income moderated the effects of the program on motivation to quit and quitting behavior. Linear regression models predicted motivation to quit and logistic regression models predicted quitting behavior at each follow-up.

Results showed no evidence that education or income moderated the effects of the SFTXT program on motivation to quit or quitting behavior. Across all follow-up surveys, the interactions of program arm and education did not significantly predict motivation to quit or quitting behavior, nor did the interactions of program arm and income. In other words, effects of the SFTXT program on the two quitting outcomes did not differ by education or by income. This finding is encouraging for a communication program that targeted young adults of all SES levels.

Examining Sibling Communication about Problematic Drinking: An Application of Inconsistent Nurturing as Control Theory.

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Communicating about and developing strategies for managing excessive drinking can be difficult, especially for young adult college students who are bombarded with opportunities for heavy alcohol consumption. This study applies Inconsistent Nurturing as Control (INC) Theory (Le Poire, 1995) to examine how young adults describe communicating about alcohol after labeling a sibling's drinking as problematic. Thirty-five college students were asked to report on how they and a sibling discuss drinking and to describe the behaviors enacted towards the drinking. Interviews were transcribed and coded twice; the first round of coding identified themes related to INC Theory (reinforcement, punishment, and labeling). Reinforcement in many cases took the form of avoiding the topic of drinking and using drinking as a means for bonding. Punishment primarily took the form of confronting the sibling. Thirty-two out of the 35 interviewees were able to recall the exact moment at which the drinking was labeled problematic. The second round of coding identified recurring themes unique to sibling communication about drinking which included power dynamics unique to sibling relationships, an inability to stop the drinking, and defining problematic drinking.

The majority of work with INC Theory has looked at communication between romantic partners (Le Poire 1992; Le Poire, Erlandson, & Hallet, 1998; Duggan & Le Poire 2006; Wright, 2008) and parents and children (Prescott & Le Poire, 2002), but the current study is the first to use INC Theory as a framework for sibling communication. Findings from this study suggest that the phases of INC Theory unfold in a similar way in a sibling context as they do in romantic and parent-child contexts. However, participants' accounts of attempts to manage the drinking suggest that reinforcement and punishment are enacted in unique ways in sibling relationships. Descriptions of these behaviors indicate that other factors need to be taken into consideration when extending the theory to different kinds of relationships; namely, those that are involuntary, permanent, and comprised of a power dynamic that functions differently from the power dynamic inherent to relationships with high levels of dependence. Punishment may be more risky in sibling relationships, especially if siblings perceive punishing behaviors as a threat to bonding. Wanting to preserve the closeness of the relationship and fostering open communication may be reasons for why the acts of punishment described in this study were more constrained. Additional implications for applying INC Theory to a sibling context and the role that power dynamics play in messages about drinking in sibling relationships will be discussed.

Examining the Mechanisms Underlying the Effects of Media Exposure to Contradictory Nutrition Messages on Health Behaviors

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Public health and communication scholars have raised concerns about conflicting health messages in the media, speculating that they may have effects on public confusion, trust in health recommendations, and health behaviors. There is growing evidence to substantiate such concerns. For example, a cross-sectional survey study found that exposure to conflicting information about nutrition topics such as wine, fish, and coffee consumption was associated with confusion about what foods are best to eat (nutrition confusion), the belief that nutrition scientists keep changing their minds (nutrition backlash), and, in turn, less engagement with health behaviors about which there is little conflicting information (e.g., fruit and vegetable consumption, exercise) (Nagler, 2014). Similarly, an experimental study found that exposure to news stories featuring conflicting nutrition information increased confusion, lowered perceptions of news credibility, and increased negative attitudes toward health research (Chang, 2015). Overall, however, the evidence base for the effects of conflicting health information remains thin. Moreover, we know little about whether such effects may vary across communication modes. The current study therefore builds upon this nascent literature by employing a three-round longitudinal panel data set from a survey with a nationally representative sample of American adults. A total of 796 participants completed the first wave of survey (completion rate = 58%) in January 2014, and they were re-invited to take the second and third wave of survey. Six hundred and twenty six participants completed the second wave of survey (complete rate = 80%) in April 2014, and 571 completed the third wave (completion rate = 76%) in July 2014. We used structural equation modeling to test the mechanisms by which exposure to contradictory nutrition message has influences on health behaviors. We found that exposure to contradictory nutrition messages from television at Wave 1 increases nutrition confusion at Wave 2 even after controlling for Wave 1 nutrition confusion and other confounding factors ($\beta = .18, p < .01$), whereas exposure from print media (e.g., newspapers, magazines) at Wave 1 decreases nutrition confusion at Wave 2 ($\beta = -.15, p < .05$). Moreover, it was found that nutrition confusion at Wave 2 was positively associated with nutrition backlash at Wave 2 ($\beta = .60, p < .001$). In addition, nutrition backlash at Wave 2 decreases engagement in fruit and vegetable consumption at Wave 3 even after controlling for Wave 2 fruit and vegetable consumption and other confounding factors ($\beta = -.13, p < .01$). The implications of these findings for communication campaigns and health behavior interventions will be discussed.

Examining the Role of Normative and Attitudinal Influences on Intention to Communicate Support for Smoke-free University Policies

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Background: The connection between implementation of smoke-free policies and de-normalization of smoking behavior is an important topic in tobacco control literature. However, the role that communication plays in this de-normalization process remains underexplored, despite communication being an integral component in normative influence (Rimal & Lapinski, 2015). Laws and policies can signal injunctive norms, while behavioral compliance can be an indicator of collective norms. If people change their behavior and comply with mandated laws or policies, especially those that involve banning visible public behaviors, such as outdoor smoking, policy enactment can affect descriptive norms as well as injunctive norms, provided others are aware of the existence of the policy mandate and the compliance. People learn about policies and behavior through direct experience, interpersonal discussion, and masspersonal or mediated communication. For example, news stories tend to report on policies when they are being proposed and implemented (Thrasher et al., 2015). Insofar as news stories convey information about whether and which others are adopting or supporting smoke-free bans, the stories are a potential source of informational social influence (ISI) for readers who lack direct experience and may be uncertain about how others are reacting. Policy adoption, compliance, and endorsement by others give a normative heuristic signal that the policy is socially acceptable. For smoke-free campus policies, one might expect beliefs that smoke-free policies are generally common or increasing will be associated with overall greater support for those policies. Signing an online petition is one communicative behavior that can demonstrate public support for a policy (Hoffman, Jones & Young, 2013). In this study, we examine the relationship between exposure to ISI, perceived smoke-free policy norms, attitudes, and intentions to sign a petition in support of a university smoke-free policy.

Method: During September-December 2014 we fielded an online survey of university members that collected information on participant demographics, including smoking status. The sample included 491 students ($n=439$), faculty and staff ($n=52$) at two large, Midwestern universities. Some participants were experimentally exposed to a smoke-free policy news story to examine effects of ISI on support for smoke-free policies at universities. Attitudes, norms, and intentions to sign an online petition in support of the smoke-free policy were then assessed.

Results: In preliminary analyses, linear regressions showed perceived smoke-free policy norms were significantly associated with positive attitudes toward the policy (standardized coefficient [b^*] = .24, SE = .05, $p < .001$) and intentions to sign an online petition in support of smoke-free policies in the next three months (standardized coefficient [b^*] = .10, SE = .06, $p = .03$). When both perceived norms and policy attitude were included as independent variables in the same regression model, only policy attitude was significantly associated with behavioral intention (standardized coefficient [b^*] = .52, SE = .04, $p < .001$). Exposure to news stories with ISI did not result in main effect differences in outcomes. Primary analyses will examine whether policy attitude mediates the relationship between perceived policy norms and behavioral intention, and test the role of moderators, such as involvement.

Exploring Change Processes and mHealth Literacy in Smoking Cessation Apps: Implications for Patients Living with COPD

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Chronic Obstructive Pulmonary Disease (COPD) is the 3rd leading cause of death in the United States (U.S.) caused primarily by smoking tobacco. Smoking cessation slows the progression and alleviates the severity of COPD symptoms, yet approximately one-third of COPD patients continue to smoke after their diagnosis. Smoking cessation intervention studies based on the Transtheoretical Model (TTM) suggest that readiness to quit is a significant predictor of quit rates among patients living with COPD. Half of all patients with COPD report several quit attempts annually, but the majority languish in the contemplation stage of smoking cessation.

Low-cost mobile health (mHealth) apps are increasingly being used for COPD self-management and are growing in popularity among patients with COPD, who generally have low socioeconomic status and low health literacy. Low-cost mHealth apps that personalize stage-matched action plans may motivate patients with COPD to quit smoking and resist the temptation to relapse. However, it is unknown whether or not commercially available apps incorporate mHealth literacy strategies with clear, engaging and actionable content that is based on theoretical models of behavior change. Incorporating TTM's Processes of Change (i.e., consciousness raising, dramatic relief, environmental reevaluation, self-reevaluation, self-liberation, counter conditioning, helping relationships, reinforcement management, stimulus control) in mHealth apps is likely to help motivate patients with COPD to progress through stages of intentional change in smoking cessation. This translational health communication study aims to evaluate mHealth literacy strategies and the integration of TTM Processes of Change within 100 of the most popular smoking cessation apps available on iTunes. Apps have been retrieved from iTunes using the keywords "smoking cessation," "quit smoking," and "stop smoking." Codebooks were designed to evaluate the application of mHealth literacy strategies and TTM's Processes of Change, in addition to demographic attributes of the apps including price per download, user ratings, and app developer source. Two coders will independently evaluate a subsample (n=30) of retrieved apps to assess inter-coder reliability of mHealth literacy strategies and TTM's Processes of Change using Krippendorff's alpha coefficients. Frequency statistics will be computed to summarize the total number of mHealth literacy strategies and TTM Processes of Change observed within the user interface of sampled apps. Chi-squared analyses will be conducted to explore the relationship between smoking cessation app price and the inclusion of mHealth literacy strategies and TTM Processes of Change. Finally, descriptive analyses will be conducted on qualitative data summarizing TTM's Processes of Change used in each app. This translational health communication research is expected to contribute to a greater understanding of mHealth smoking cessation apps that could be used as part of personalized, low-cost COPD self-management interventions. Also, this research is expected to provide evidence on the appropriateness of mHealth apps as literacy-sensitive tools to educate, engage and empower smokers living with COPD to move from contemplation to the preparation and action stages of smoking cessation.

Exploring Cultural Assumptions, Myths, and Norms Affecting Sexual Partner HIV Communication after 30 years of Public Education

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Despite medical progress, and over 30 years of HIV public education campaigns and prevention efforts (Lacroix et al., 2014), misunderstandings, misconceptions, and inaccurate knowledge of HIV transmission and risk continue to contribute to consistent rates of 50,000 new infections in the US per year (CDC, 2015). HIV stigma remains a persistent problem that negatively impacts people with HIV, contributes to public misinformation, and negative attitudes toward HIV prevention efforts (Deacon, 2006; Sayles et al., 2009). This study sought to explore current cultural norms, beliefs, and perceptions that influence discussion of HIV/AIDS and HIV status between sexual partners prior to sexual activity.

Methods. A mixed methods approach was used. A series of seven focus groups (n = 29) and in-depth interviews (n = 30) were conducted from December to March 2015. Participants (N = 59) were recruited through an emergency department (ED) HIV testing program and infectious diseases treatment center at a major Midwestern medical center, as well as community-based organizations. Individuals were African American (27%), White (73%), Male (93%), Female (7%), MSM (75%), and Heterosexual (25%). Of the Men who have Sex with Men (MSM) (n = 46), 28% were HIV- and 72% HIV+. Example questions include, "Do you ask about HIV status before engaging in sexual activity?", "What prevents you from discussing HIV with sexual partners?" Transcripts were analyzed through a process consistent with constant comparison analysis (Glaser & Strauss, 1967; Strauss & Corbin, 1990).

Findings. Cultural ideals, norms, and negative assumptions about HIV emerged, as well as variations in HIV status discussion with sexual partners. Differences emerged across groups as well. First, HIV- MSMs were most likely to communicate with potential partners about HIV status and time since last HIV test before agreeing to engage in sexual activity. A minority admitted an occasional "slip up" when HIV status was not discussed. Second, HIV+ MSMs reported inconsistent HIV status communication. Some reported open discussion of status, still others felt that: 1) getting sex outweighed status concerns, 2) the onus to protect oneself is an HIV- person's responsibility, and that 3) they were willing to engage in unsafe sex with HIV negative partners if the person did not insist on condom use. Alarming, several admitted to outright lying by declaring themselves HIV negative; others did not inform sexual partners of their HIV+ status (i.e., omission). Third, among Heterosexuals, females described asking sexual partners about STIs--but less directly about HIV status. The blanket question "Are you clean?" was reported to assess risk of both STIs and HIV/AIDS. Heterosexual males did not report asking female partners about HIV status; as it would question a woman's promiscuity. Heterosexual males also felt skilled at judging females' HIV status--from their physical appearance. For Heterosexuals, HIV was still considered a 'gay male issue' not relevant to their sexual partnerships. Overall, results indicate that many stereotypes, myths, and cultural ideals remain and impact inconsistent HIV status communication among sexual partners.

Exploring How People Who Have Lost Weight Communicatively Manage Lean Stigma

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Not surprisingly, losing stigma is a major motivator for losing weight (Fardouly & Vartanian, 2012; Mattingly, Stambush, & Hill, 2009). Theoretically, once people shed pounds and no longer possess the discrediting attributes that accompany a heavier weight—an abomination of the body (the overweight body as a visible mark of disgrace) and blemish of individual character (lack of will power or self-control; Goffman, 1963), they should be socially accepted and no longer stigmatized (Goffman, 1963). Some research on post-weight loss supports this notion. For instance, following weight-loss surgery, formerly-obese participants reported they no longer experienced weight-based discrimination and prejudice or that discriminated declined (Rand & Macgregor, 1990). The newly-lean reported socializing more with friends and family and becoming closer with their romantic partner, (Romo & Dailey, 2014). However, studies also indicate there can be a "dark side" to weight loss. Although being a normal weight is lauded at a macro level, in certain contexts becoming lean can be looked down upon. This lack of approval can be manifested via social rejection, sabotage, and criticism of altered eating and exercise habits (e.g., Romo & Dailey, 2014), as well as through comments and microaggressions about weight and weight management. In this way, even individuals who have lost weight can be stigmatized for looking and acting in a way that others disapprove of or find threatening. Such stigma is important to examine because, in addition to its psychological consequences, the stigma may make it difficult for health leaders to build a culture of health. Specifically, in the face of stigma, those who have lost weight may struggle to navigate food-based social settings, safeguard their relationships, and maintain their weight loss. After all, the majority of people who lose weight eventually regain weight, frequently more than they lost (Mann et al., 2007). Many studies suggest that social support helps people maintain their weight loss and a lack of support is a barrier (e.g., Metzgar, Preston, Miller, & Nickols-Richardson, 2014) linked with weight gain and weight cycling. Stigma, which often results in rejection, may put people at higher risk for these outcomes as they may have fewer people to rely on. Conversely, effective stigma management strategies likely enable people to maintain both their weight and their interpersonal relationships, while reducing adverse health effects that can accompany weight gain and/or weight cycling. While scholars have widely explored the stigmatization of the overweight and obese, the experiences of people who encounter stigma after becoming a normal weight remain unexplored. Thus, the goal of the present study is to introduce and elucidate the concept of "lean stigma" and qualitatively explore the ways in which lean stigma is manifested and negotiated communicatively.

Exploring Nostalgic Emotional Appeals for Smoking Prevention

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This study explores nostalgia as an innovative emotional appeal to promote no-smoking behavior. Generally, nostalgia serves as a painful reminder to what is lost in the past, such as loss of health and ability. The higher is the shock and intensity of past experience, the greater will be nostalgia. Nostalgia can be triggered by a variety of stimuli with both cognitive and affective dimensions. Cognition aspect of nostalgia is linked with memories, while affection aspect relates with the emotions evoked from these memories. Smoking is an emotionally engaging activity and quitting is hard. Several studies have tested fear, disgust and guilt appeals for smoking prevention with mixed results.

Marketing companies have found nostalgia as a highly effective and persuasive trigger to influence consumers' feelings and emotions. Based on this evidence, the present study aims to test nostalgic emotional appeal for smoking prevention.

The study employed an experimental between subjects design. The study recruited 169 participants from a student pool at a Midwestern University. Participants' age ranged from 18 to 39, ($M = 21.47$, $SD = 2.50$) comprising of Caucasian (66.3%), Asians (26%), African American (3.6%), and Hispanics (1.8%). Two-thirds of the participants (63.3%) were female. Participants were randomly assigned to experiment (nostalgic) or control (non-nostalgic) condition.

Independent measures included experiment (nostalgic) and control (non-nostalgic) PSA developed specifically for this research. The PSA was created using publicly available nostalgic writings and images. Nostalgic and non-nostalgic messages were of equal duration (2 min 24 sec).

The study hypothesized that compared to control PSA exposure to nostalgic PSA will result in 1) more negative attitude towards smoking and 2) increased behavioral intention to reduce smoking. Attitude towards smoking, and behavioral intention to reduce smoking were measured as dependent variables. Nostalgia proneness was measured as a covariate.

Manipulation check was performed using advertising evoked personal nostalgia scale and found that participants in the experiment group perceived the message to be more nostalgia-evoking ($M = 3.37$, $SD = .50$) than control ($M = 2.56$, $SD = .72$; $t(169) = 8.271$, $p < .000$).

Participants exposed to the nostalgic video expressed more negative attitude toward smoking ($M = 2.09$, $SD = .92$; $t(169) = -1.926$, $p < .056$) than did participants exposed to non-nostalgic video ($M = 2.33$, $SD = .72$).

The relationship between attitude towards smoking and intention to reduce smoking resulted in a strong, negative correlation between the two variables, $r = -.250$, $n = 168$, $p < .001$, indicating the intention to smoke increased as attitude towards smoking became more negative.

Simple linear regression was performed to predict intention to limit smoking based on nostalgic emotions evoked and nostalgia proneness. A significant regression equation was found ($F(2,165)=8.710$, $p<.000$), with an R^2 of .085. Intention to limit smoking increased .019 for each unit increase in nostalgia proneness and .629 for each unit increase in nostalgic emotions evoked.

This study introduces nostalgia as a strong emotional appeal to design health promotion messages, specifically smoking prevention, for individuals belonging to diverse cultures, and ethnic backgrounds.

Facebook's Effect on Drinking Attitudes

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As many as 90% of college students have reported drinking alcohol (Kuo, et al., 2002). Not only can drinking be harmful to one's health, but it can also lead to other risky behavior such as drunk driving. Since alcohol drinking is inherently social, it is more susceptible to social pressures (Crawford & Novak, 2010). With an increase in social networking such as Facebook, new and constant pressures are occurring (Ellison, Steinfield, & Lampe, 2007). Therefore, it is important to understand how these online social environments affect the perceptions of risky behaviors such as drinking.

This study applies the theory of reasoned action framework (Fishbein & Ajzen, 1975) to understand the effects of this online social environment on college students' drinking attitudes.

This study (n=284) was a 2 (topic: drinking or texting and driving (control) by 2 (comment valence: positive or negative) experimental design.

A pre-test included participants' demographics and initial drinking attitudes and injunctive norms. The post-test included a mock-Facebook status followed by post-test attitudes and manipulation checks.

We hypothesized that participants exposed to the drinking status with positive comments would have more favorable attitudes toward drinking.

Pre- and post-test drinking attitudes were measured using 6 ($\alpha=.87$) semantic differential items (example anchors: risky/safe, boring/exciting).

Injunctive norms were measured using 5 likert items ($\alpha=.91$) stating "Most of [referent group] think that it is ok for me to drink alcohol." Example referent groups were "people who are important to me," "close friends," and "students at this university."

Realism of the post was measured using one item ($M=3.9$, $SD=1.0$) asking "how realistic was the Facebook status you read?" This was measured on a 5-point scale from completely unrealistic to completely realistic.

A one-way ANCOVA looked at the effects of topic and comment valence on post-test attitudes controlling for pre-test injunctive norms and attitudes, participant age and gender, and perceived realism. Results showed a significant interaction effect of topic and comment valence on post-test attitudes such that the positive comments led to more favorable post-test attitudes in the drinking condition. $F(2, 282) = 4.43$, $p=.04$.

Unexpectedly, for the texting condition the ANCOVA showed higher post-test drinking attitudes when comments were favorable toward texting and driving. It seems the positive portrayal of one risky behavior, texting and driving, may have bled over leading to more favorable attitudes toward drinking, another risky behavior. Further analysis will help understand these unexpected findings.

This analysis supports our hypothesis, exhibiting that positive comments on a status positively portraying drinking alcohol can lead to more favorable drinking attitudes. This shows that the ever-present social environment can affect drinking. Importantly, this status was from an unknown individual, showing that it is not just the individuals within a peer group that can influence attitudes. Further analysis will look at the effect of attitudes on willingness to drink alcohol.

The unexpected finding that the approval of texting and driving led to more favorable drinking attitudes, leaves us with a question of the potential bleed over effects of favorable portrayal of any risky behavior.

Factors Predicting Partner Notification: An Application of the Revelation Risk Model

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Partner notification, the process of notifying past and current sexual partners of a sexually transmitted infection (STI) diagnosis, is one critical strategy for reducing the high rates of STI transmission in the United States (CDC, 2013). However, partner notification can be a challenging communicative process. According to the Revelation Risk Model (RRM; Afifi & Steuber, 2009), the perceived valence of the health information and the risks perceived in sharing the health information are important predictors of individuals' willingness to notify and notification efficacy. In addition, health information disclosure is also influenced by perceived stigma (Greene, 2009), particularly in the context of partner notification (Clark et al., 2007). As such, we proposed the following hypotheses and research question.

H1: Positive information valence will be related to greater willingness to notify and notification efficacy.

H2: Higher risk assessment will be negatively related to willingness to notify and notification efficacy.

RQ1: Will perceived STI stigma influence willingness to notify and notification efficacy after controlling for RRM variables?

Method: 209 undergraduates (98 females, 111 males; mean age 20.30, SD = 1.43) completed an online survey. Participants identified as Caucasian (72%), Asian (15%), Latino/Hispanic (6%), and African American (3%). Most participants were sexually active (78%) and heterosexual (94%).

Results: To test our hypotheses and research question, two separate hierarchical regressions were conducted with willingness to notify and notification efficacy serving as the dependent variables. For each regression, demographic variables (ethnicity, sexual orientation, and biological sex) were entered into Block 1. Block 2 contained the RRM variables (information valence, risk assessment). Finally, perceived STI stigma was entered into Block 3.

For the model predicting willingness to notify, demographic variables in Block 1 were non-significant, $F(3, 204) = 0.33, p > .05, R^2 = .01$. In Block 2, RRM variables (information valence and risk assessment) did not arise as significant predictors, $F(5, 202) = 0.76, p > .05, \Delta R^2 = .01$. In Block 3, perceived STI stigma ($\beta = -.27$) was a significant predictor of willingness to notify, $F(6, 201) = 3.03, p < .01, \Delta R^2 = .06$.

For the model predicting notification efficacy, biological sex ($\beta = -.22$) was a significant predictor in Block 1, $F(3, 204) = 4.27, p < .01, R^2 = .06$. Specifically, being male was associated with greater notification efficacy. In Block 2, risk assessment ($\beta = -.41$) and information valence ($\beta = .25$) were significant predictors of notification efficacy, $F(5, 202) = 22.18, p < .001, \Delta R^2 = .30$. STI stigma did not arise as a significant predictor in Block 3, $F(6, 201) = 18.65, p < .001, \Delta R^2 = .00, p > .05$.

Discussion: Previous research has found both willingness to notify and notification efficacy to predict health disclosures. Our data suggest in the context of partner notification, these predictors may operate through different mechanisms. Specifically, willingness to notify was best predicted by perceived STI stigma; whereas notification efficacy was best predicted by RRM variables, information valence and risk assessment. Theoretical and practical implications of these findings are discussed.

Fatalism: Lights or Shadows? A Secondary Data Analysis on Chinese People's Cancer Belief and Overall Health Behavioral Intention

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Cancer is now the leading cause of death in China all for both men and women. Although national cancer control programs have been developed and there has been increasing health consciousness of the Chinese general public, most research on cancer is medical in nature or focused on testing the necessity, feasibility or effects of public health policy. The role of communication in cancer prevention has not been fully investigated. Especially, how to design culturally appropriate health messages in cancer prevention is rarely examined. Moreover, important deficits in cancer knowledge and maladaptive cancer beliefs are frequently reported in the literature, including fatalistic belief.

Fatalism, frequently reported as an obstacle in cancer control in western countries, has more complex meanings in the Chinese culture. On the one hand, the unexplainable nature of cancer led people to believe in fatalism and to perceive limitations in their ability to control or change the outcome of cancer. On the other hand, fatalism also has a positive side in China - the Chinese philosophy on fate encourages people to use various active approaches to cope with cancer. The interaction between negative interpretation and active coping thereby fosters a culturally unique perspective on fatalism, shaping cancer prevention in complex ways. Therefore, understanding fatalism in the Chinese context is critical.

To better understand the fatalistic perceptions on an individual level, this secondary data analysis, based on HINTS China dataset (N=2568), aims to explore the predictors of fatalistic belief on both negative interpretation and active coping dimensions, and understand how fatalistic belief may have an impact on Chinese people's health behavior intention on a variety of topics, including using tobacco, drinking alcohol, doing exercise and taking nutritious advice. The Exploratory Factor Analysis (EFA) results indicate that negative interpretation and active coping were distinctive, and positively correlated dimensions in fatalism construct under the Chinese context. Additionally, the correlation between fatalism and behavioral intention varies among health topics, and a clear pattern was not found. Difference between rural areas and suburban areas around Beijing was compared. This work aims to provide some useful insights for cancer fatalism targeting Chinese people.

Fever in the Eyes of Italian and Peruvian Parents: A Comparison Based on the Common Sense Model

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Background: Parents' over-concern about childhood fever is common and deep-rooted. Fever phobia is determined by numerous misconceptions about childhood fever that often lead to overdosing medications or treatment methods, according to traditional beliefs instead of scientific evidence (Schmitt, 1980). Despite a number of studies reporting this phenomenon to affect different populations, this is the first time a structured model is applied to investigate fever phobia components.

Method: We adopted the Common Sense Model, which focuses on the self-regulation process vis-à-vis an illness (Leventhal, Meyer & Nerez, 1980). Three constructs are covered: illness stimuli, cognitive representation and illness coping behaviors. Data collection took place in Peru and Italy. The purpose is to investigate the fever phobia representation and its correlates, to which we added self-efficacy and health literacy. 67 Peruvian parents and 82 Italian parents agreed to complete a 45-item questionnaire.

Results: Both samples included mainly mothers, with Peruvian ones being younger and less educated. A strong knowledge of fever and its possible consequences in Italian parents was correlated to the waiting time before seeking help from physicians (fever knowledge: $r = .254$ $p < .05$. consequences: $r = .399$ $p < .001$.) Also, a higher level of concern about fever consequences for the child was observed in parents who declared to have gathered information about fever from the media ($r = .228$ $p < .05$). A T-test highlighted that Peruvian caregivers were less knowledgeable of fever ($t(147) = -11.06$ $p < .001$) and more worried about the consequences of fever ($t(147) = 5.66$ $p < .001$). Among outcome behaviors, the biggest difference was the amount of time parents would wait before seeking help from a doctor: 6 hours among Peruvian against from 24 hours on among Italians ($t(147) = -11.7$ $p < .001$). Nevertheless, the final scores of home treatment quality and the correctness of the use of medicines were only moderately acceptable in both groups. Multiple regression analyses suggest that the tested model was able to explain the variance of the measured outcomes only when the Italian group was considered. Finally, a moderation analyses confirmed these findings as nationality moderated the relation between self-efficacy and the waiting time before calling a doctor ($p < .001$ $R^2 = .5705$) and the relation between the perceived consequences of fever and the waiting time before calling a doctor ($p < .05$ $R^2 = .5488$).

Discussion: More elements could be at work behind fever phobia, but results so far suggest that both cultures, despite the socio-cultural discrepancies, show signs of over-concern in their beliefs and behaviors. Improving knowledge and education alone might not be enough to reduce fever phobia; the emotional component of fever phobia should also be addressed.

Framing Obesity: How Ambiguity in News Coverage Affects Civic Engagement Intentions Toward Policy Solutions

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Ambiguous content has been shown to have distinct psychological and behavioral effects (Han, Moser, & Klein, 2007). Decision theorists define ambiguity as a form of uncertainty regarding the reliability, credibility, or adequacy of information about risks and the potential outcomes of decisions (Ellsberg, 1961). Specifically, ambiguity may lead people to judge risks and choice outcomes pessimistically, and to avoid decision-making altogether (Camerer & Weber, 1992; Ellsberg, 1961). Despite the consistent use of ambiguity by reporters, its effect on audience members remains a relatively unexplored area of investigation.

More than one-third of adults and 17% of youth in the United States are obese (Ogden, Carroll, Kit, & Flegal, 2014). Obesity is a serious health concern because it is associated with poorer mental health outcomes, reduced quality of life, and the leading causes of death in the U.S. including diabetes, heart disease, stroke, and some types of cancer (CDC, 2015). Understandably, obesity and childhood obesity are the focus of many public health efforts in the United States (NCCOR, 2014; Let's Move, 2011).

The news media play a significant role in communicating health policies to the public and are influential in framing the way we think about and discuss health policies. Framing describes the journalistic process of including or excluding information, creating a story, and organizing discourses. Communication scholars have found that because journalists use specific organizing and orienting frames over others, the coverage may influence the way audience members think about issues or topics (Pan & Kosicki, 1993; Price & Tewksbury, 1995). Also, news stories can motivate individuals to engage in activities that could have an influence on policies (e.g., donate money, attend a rally, sign a petition, or send an email of support; Oliver, Dillard, Bae & Tamul, 2012). Increased civic engagement driven by health news stories would have obvious implications for the health and wellbeing of the public.

This current research examines whether ambiguity in news content influences participants' civic engagement intentions related to health policies concerning obesity. Also, it tests the effects of combining news frames in stories. Research demonstrates shifts between news frames (e.g. thematic vs. episodic; gain vs. loss) sway individual social decision-making ranging from political pessimism to electoral support (Cappella & Jamieson, 1997; Iyengar, 1991; Shah, Kwak, Schmierbach, & Zubric, 2004; Shah, Domke, & Wackman, 1996). Combining certain attributes or news frames seems likely to strengthen or weaken effects on audiences (Shah et al., 2004).

Using an experimental design with 266 adult participants, this study manipulates online story context. Applying thematic (broader themes) and episodic (individual or event), gain (emphasizes benefits - e.g. lives saved) and loss (emphasizes costs - lives lost), and ambiguous and unambiguous content, this research revealed several key findings. Stories with unambiguous or certain content and stories with thematic framing led to increased levels of civic engagement intentions. Also, the results revealed that emotions play a significant role in these framing effects. The findings of this study may help public health practitioners, health communicators, and health reporters communicate content about health policies more effectively.

Framing the 2014 U.S. Ebola Case: Examining Public Communication Messages from the CDC and Texas Health Presbyterian Hospital

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The recent West African Ebola epidemic was identified as the Ebola virus by the World Health Organization in March 2014, although it had been spreading for nearly three months ("Origins of the 2014 Ebola epidemic," 2015). American-based health expert organizations and media outlets stayed relatively quiet about the epidemic until the United States Centers for Disease Control and Prevention (CDC) declared the first case of Ebola in the U.S. in late September 2014 (Fernandez & Phillips, 2014). With this initial case, American media began to cover the Ebola virus, the West African epidemic, and the spread of virus in the United States with great fervor. Two key sources of information for media coverage were the CDC and Texas Health Presbyterian Hospital (THPH), where the first U.S. case was diagnosed and treated. The present study examines the framing of official documents released by the CDC and THPH related to the 2014 Ebola case.

Although Entman (1993) argued that frames can exist in every phase of the communication process, most work in the framing literature examines news coverage. Specific to public health epidemics, such as H1N1 and the West Nile virus (Liu & Han, 2012; Shih, Wijaya, & Brossard, 2008), previous studies have examined the general, disaster, and health frames employed in the related media coverage. Extending this work to highlight the importance of source, the present study examined the framing of official communication from the two outbreak-relevant sources, including press releases, media statements and responses.

For the purposes of this examination, 52 official documents released from the two critical health expert organizations were collected through the organizations' archives and included in the sample. Key frames, including general, disaster, and health frames, used in each paragraph of the official documents (N=415) were captured in the coding process. Coding was split between two trained coders, who achieved acceptable inter-rater reliability scores (minimum of Krippendorff's $\alpha = .80$ across all categories). Results demonstrate significant differences in the health and crisis communication frames used by the CDC and THPH during the 2014 U.S. Ebola case. These findings underscore the need of health media research to consider source information, as well as the role of health communication professionals can play in shaping discussions around key health issues.

Fueling Stigma: Natural Coverage Effects of Mass Shootings on Public Stigma of Mental Illness

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Members of the general population often react negatively to people with mental illness - resulting in public stigma with detrimental consequences for those who are affected, including a lack of seeking and receiving necessary treatment, especially among men. (Corrigan, 2004). Whereas the media could educate the general population about mental illness, this opportunity has not been properly seized. On the contrary - because news coverage often depicts mental illness as a causal factor for violent criminal acts such as mass shootings despite sufficient evidence, these negative media portrayals further exacerbate the public stigma of mental illness (Rosenberg et al., 2015).

This study explores the potential for natural coverage effects of persistent mass shooting news coverage on public stigma of mental illness outcomes. Some prior research has tested the effects of news frames and news coverage of a specific mass shooting on public stigma outcomes, but no research has investigated participants' perceptions of exposure to media coverage of various mass shootings, or the media's portrayals of the shooter, and if such perceptions may impact public stigma of mental illness. The current study strives to fill this gap in research.

Three hundred and twenty-one non-faculty employees (76 % female; 88% White; M age = 42, SD = 12.8) at a large Midwestern public university completed an online survey-based experiment. Mental health stigma was assessed with a 9-item vignette measure depicting either a female (group 1; n = 178) or a male (group 2; n = 182) suffering from severe mental illness.

Participants reported their perceived exposure levels to media coverage of mass shootings in the last year and subsequently indicated the top reason for why the perpetrator committed the mass shooting as reported in the media in a free recall measure.

Preliminary findings suggest that participants recalled encountering news media coverage of mass shootings several times in the last year ($M = 3$ on a 4-point scale), indicating mental illness was the primary reason the media gave for the occurrence of the mass shootings (55%), followed by, extremist ideology (17%), social outcast (7%), and specific events (e.g., fired from job) (5%). Overall, levels of recall of news media coverage of mass shootings were marginally associated with endorsements for psychiatric hospitalization for the mentally ill when controlling for personal experience (R^2 change = .010, $F(2, 322) = 2.77$, $p = .075$). Independent samples t-tests further revealed that participants were more scared of the male exemplar in the stigma vignette ($M = 3.03$, $SD = 1.96$) than the female exemplar ($M = 2.63$, $SD = 1.77$), $t(358) = 1.99$, $p = .047$ and were somewhat less likely to help the male exemplar ($M = 5.54$, $SD = 2.36$) than the female exemplar ($M = 5.96$, $SD = 2.02$), $t(358) = -1.8$, $p = .076$.

Findings reveal that media coverage of mass shootings may influence some stigmatized beliefs of the mentally ill, particularly for men. Implications for future media coverage and campaigns combatting such beliefs will be discussed.

Gender, Social Support, and Coping Strategies among People Living with HIV in Guangxi, China

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There were a reported 437,000 people living with HIV (PLHIV) in China as of 2013 (UNAIDS, 2014). It is critically important to understand how PLHIV in China cope with the disease and what factors are associated with their coping strategies. Coping may be the mechanism through which psychological stress influences health, well-being and behavior. A number of studies have found that gender differences, social support and HIV-related stigma are associated with coping styles. However, very few studies have examined the relationships between gender difference, social support, stigma and coping among PLHIV in China.

The current study seeks to understand what factors are associated with the use of coping strategies among PLHIV in China. More specifically, the study aims to: 1) clarify gender differences in their coping responses; 2) to examine whether the use of coping strategies differed by the various types of social support they received; 3) whether HIV-related stigma and the interaction between gender difference and social support are related to their use of coping strategies.

The current study was conducted in Guangxi from October 2012 to August 2013. Guangxi has the fastest growth of HIV epidemic in China and ranks the second most of HIV seropositive cases among 31 provinces. A total of 3,002 (about 90% of the randomly selected) participants completed the survey. After removing 15 uncompleted questionnaires we finally obtained data from a total of 2,987 participants. Multivariate analysis of covariance (MANCOVA) was conducted with stigma and demographic variables as covariates, and gender and social support as factors in the model.

After controlling for demographic variables and stigma, there were significant main effects for emotional social support ($F=1.61^{***}$), functional social support ($F=1.67^{***}$), and informational social support ($F=3.67^{***}$) on the use of coping strategies. However, there was no significant main effect for gender as hypothesized. Internalized stigma ($F=37.03^{***}$) and enacted stigma ($F=9.16^{***}$) significantly influenced the use of the coping styles. In addition, education ($F=2.68^*$), place of residence ($F=5.39^{***}$), monthly household income ($F=3.03^*$), HIV duration since diagnosed ($F=3.27^*$), and whether on antiretroviral treatment ($F=7.66^{***}$) significantly influenced the use of the coping styles among the sample. There was also a significant interaction of gender and informational social support ($F=1.33^*$) on the use of coping styles.

Univariate post-hoc comparisons on each of the coping styles indicate that emotional social support was associated with support seeking ($F=2.48^{***}$), acceptance coping ($F=1.46^{**}$), direct action ($F=1.56^{***}$), but not with disengagement/avoidance. Functional social support was associated with support seeking ($F=2.12^{***}$) and disengagement/avoidance ($F=1.47^*$). Informational social support was associated with support seeking ($F=10.13^{***}$) and acceptance ($F=1.85^{**}$). Internalized stigma was associated with all four coping strategies with $F=16.40^{***}$, $F=128.30^{***}$, $F=7.24^{**}$ and $F=52.23^{***}$ for support seeking, acceptance coping, direct action and disengagement/avoidance respectively. Enacted stigma was associated with direct action ($F=10.05^{**}$) and disengagement/avoidance ($F=6.05^*$).

These results highlight the influence of social support and stigma in the use of coping styles and the importance of integrating social support, HIV-stigma reduction, and positive coping strategies in psychosocial interventions among people living with HIV in China.

Note: * $p<.05$, ** $p<.01$, *** $p<.001$

General Self-Efficacy, eHealth Literacy, and Health Literacy Among College Students: Measurements and Relationships

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Recent studies suggest that many college students have inadequate health literacy and are exposed to serious consequences of misunderstanding health risk, prevention, and treatment choices (Harper, 2014). Further, extant measures of health literacy are designed for general adult population. Accordingly, little research focused on college students as a target group and, thus, there is little information concerning college students with respect to health literacy (Ickes & Cottrell, 2010). College students are one special population; many are living on their own for the first time and find themselves independently responsible for their health and well-being; they are avid and able users of technology and turn mostly to internet for health information; students in nursing or medical schools are actually expected to learn health literacy and promote it so that their (future) clients/patients are better able to navigate complex health care system and health maintenance, self-care, and self-management (Zanhetta, Taher, Fredericks, Waddell, Fine, & Sales, 2013).

Sorenson and colleagues (2012) proffered a broad and inclusive definition and a corresponding measure of health literacy (i.e., European Health Literacy or HLS-EU) that focuses on information processing knowledge, motivation, and skills. They define health literacy as "people's knowledge, motivation and competences to access, understand, appraise and apply health information in order to make judgments and take decisions in everyday life concerning health care, disease prevention and health promotion to maintain or improve quality of life during the life course." Their model explores individual's four information processing competencies (i.e., access/obtain/find, understand, appraise/evaluate, and apply) in 3 different contexts of healthcare (e.g., medical and clinical issues), disease prevention (e.g., risk factors for health), and health promotion (e.g., determinants of health in the social and physical environment).

This study tested (a) the applicability of the HLS-EU model/questionnaire to assess college students' health literacy level in USA via floor and ceiling effects, reliability, and validity measures; (b) examined relationships among general self-efficacy (a broad and stable sense of personal competence to deal effectively with many stressful situations), eHealth literacy (the ability to seek, find, understand and appraise information from electronic sources and apply such knowledge to addressing or solving health problem), and health literacy in a predictive structural equation modeling; and (c) explored potential relationships between demographics (e.g., gender, ethnicity, employment status, BMI, insurance, exercise, smoking, drinks) and college students' health literacy level.

This study utilized a cross-sectional health literacy survey design in which the sample responded to a single online survey questionnaire. The sample was 657 students enrolled in a required communication class at a large southwestern university from Fall 2014 to Fall 2015. They received extra credit for the participation. Preliminary data cleanups and analyses are being conducted currently.

Preliminary findings indicate that HLS-EU can be a valid and easily applicable measure to student population in USA. It meets reliability and validity expectations satisfactorily. SEM modeling suggests a predictive path from general self-efficacy to eHealth literacy and then to health literacy. Few meaningful demographic differences were observed for both eHealth literacy and health literacy levels.

Getting Adjusted: The Influential Mediating Role of Workarounds in Electronic Health Record (EHR) Implementation

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The Affordable Care Act and American Recovery and Reinvestment Act, passed in 2010 and 2009 respectively, have introduced reforms that will transform healthcare organizations for years to come. Moreover, new market players like Apple and Google and innovative smartphone technologies are changing healthcare delivery on the frontlines, creating a more wired industry to which healthcare employees must adapt. Past research in the field of organizational change has demonstrated that there is a need to focalize the informal acts of sensegiving and sensemaking that both inhibit and promote organizational change initiatives. Our study answers this call by building a SEM model (N= 340) that demonstrates how coworker social influence and workarounds—the results of that influence—play vital roles in successful electronic health record (EHR) change in one specific healthcare network.

The goal of this study was not only to investigate how employees are active agents in the change communication process, but also to further understand the positive and negative valences of their informally influenced behaviors, or technological workarounds. In general, the model results suggest that EHR workarounds—more formally known as reinvention in the diffusion of innovations literature—are strongly and positively related to employees' perceptions of change success and the communication quality surrounding the change. Moreover, engagement in workarounds is strongly and negatively related to employee resistance. In addition, the degree of social influence employees receive from their peers positively influences their decision to engage in workarounds. In other words, those employees who receive a large amount of coworker support and feedback regarding EHR use are likely to engage in more workarounds.

Finally, the best fitting SEM model demonstrates that social influence has a positive direct effect on resistance and negative direct effects on employees' perceived change success and perceived change communication quality; thus it depicts coworker social influence as a barrier to managers who are implementing EHR in their healthcare organization. However, the direction of each of these relationships is inverted when workarounds is introduced as a mediating variable. In other words, when workarounds are a product of social influence, they act as a powerful, decisive ingredient in eliciting positive EHR implementation outcomes.

These findings represent the key contributions in this study. A great deal of literature in the healthcare and medical informatics fields equates the workaround with negative repercussions, such as reduced reliability of systems and increased patient safety issues. However, this study suggests some positive outcomes workarounds can have on the psychological outlook of employees. With that said, the workarounds are much more effective if they are shared, communicated, and a product of coworker social influence—which we measured as coworker support and feedback. Consequently, this research yields pragmatic implications for managers and healthcare administrators who are currently attempting to implement EHR systems, yet are affronted with difficulty from employees.

#gunviolence on Instagram and Twitter: The Response to the San Bernardino Mass Shooting

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A series of recent, high-profile mass shootings has reignited the national debate over gun violence, an urgent public health problem that results in more than 33,000 deaths annually in the U.S. [1]. Although mass shootings account for only a small proportion of overall firearm injuries and deaths, they represent an important area of research for a number of reasons. First, recent data indicate that both the frequency and fatality of mass shootings are on the rise nationwide [2, 3]. Additionally, these events garner significant national media attention, providing a key window into the ongoing debate over gun violence, as well as the types and sources of information that are driving it. Finally, recent research suggests that mass killings involving firearms may often be incited by similar events in the immediate past, with national media coverage "planting the seeds" for other at-risk individuals to commit acts of violence [4, 5].

While the national conversation over mass shootings and gun violence in the mass media has been studied extensively, little is known about these conversations as they take place on social media. Given the significant media coverage surrounding these events and the potential for contagion effects via mass media exposure, understanding how this debate plays out over social media could have important implications for both public health and journalistic practice, particularly since far more social media messages are composed and shared by the public compared to mass media outlets.

The current study uses a quantitative content analysis of 1,000 Instagram posts and 1,000 Twitter posts using #SanBernardino, #massshooting, #gunviolence, and #shooting to evaluate the social media-based conversation around mass shootings. Specifically, we compare and contrast this discussion as it is carried out by mass media outlets and by the public, with a particular emphasis on the potential for mass shooting contagion. Both Instagram and Twitter are among the most popular social media platforms [6], one exclusively visual-based and one more text-based, and can provide two potentially different social media conversations.

The World Health Organization's (WHO) guidelines for reporting suicides provided a framework of analysis [7]. These recommendations were developed as a guide for how the media should report on suicides in order to minimize the risk of suicide contagion, or the potential for media reports of suicide to lead to imitative suicidal behaviors. Some of the recommendations include exercising caution in using photographs or video footage, showing due consideration for people bereaved by suicide, avoiding providing detailed information about the site of a completed or attempted suicide, avoiding prominent placement and undue repetition of stories about suicide, and avoiding explicit description of the method used in a completed or attempted suicide [7].

Using this framework as well as risk perception theory, this study provides novel insight into the conversation on gun violence and mass shootings in the wake of the San Bernardino shooting, and will provide health communication and public health professionals a starting point for analyzing both the content and sequelae of these important conversations on social media.

Health Care Provider Reported Knowledge and Resources for Preparing for Conversations about End-of-Life Care

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Background: Developing conversational plans can potentially help ameliorate some apprehension that medical providers feel when approaching end-of-life conversations. Research has shown that more complex plans contain more actionable choices to draw from in order to achieve social goals (Berger, 1988; Berger & Bell, 1988) thus as plan complexity increases, so do the number of strategic choices available to help guide communicative behavior in pursuit of a desired goal (Berger, 2003). These general findings can be applied here wherein medical personnel with more complex plans will have more strategies to draw upon for choosing how to enact the end of life conversation.

The aim of the current study is to investigate the resources that providers draw upon in their plan construction, perceptions of domain knowledge and the impact of reported knowledge on plan complexity. Planning theory (Berger, 2003) offers a theoretical scope to explore how individuals produce discourse that enable attainment of their goals. The investigation of employed knowledge resources in plan construction is especially informative in the context of end-of-life treatment discussions, as health care providers frequently report under-preparedness and high communication apprehension (e.g., Boot & Wilson, 2014; Meyer et al., 2009).

Method: Respondents (n=297) were asked to design a plan to communicate to a target patient about their options for life-sustaining treatment. Following the plan generation, questions concerning domain specific knowledge as well as the resources that were drawn upon to engage in such conversations were elicited. A range of occupations were represented, including Certified Nurse Assistant (.7%), Nurse Practitioner (4.4%), Registered Nurse (10.1%), Chaplain (36.0%), Social Worker (7.4%), Medical Student (20.9%), Physician (15.2%), Hospital Administrator (1.3%), and other (4%).

Results: In creating the plans, health care providers most commonly reported use of personal experience with end-of-life conversations (72.7%), followed by personal experience with difficult conversations (66.7%), role models (55.2%), instructional tools (36.7%), training (13.5%), previous plans (11.4%) and other (6.7%). Reported domain knowledge was positively associated with more complex plans.

Discussion: Health care providers most commonly reported reliance on personal experience in plan development. Increased domain knowledge and the positive impact on plan complexity suggests that with greater experience, providers are better able to articulate in detail what needs to be considered in conversational engagement with patients regarding end-of-life treatment options.

Conclusion: There is a paucity of research on how health care providers plan for end-of-life conversations; from broaching the difficult topic to actually engaging in the conversation and associated decision making (Parry, Land, & Seymour, 2014). Encouraging practitioners in palliative care capacities to construct plans for having such conversations sparks a reflective practice as it affords insight into the communication practices that many clinicians use regularly. These findings not only begin to address the deficit regarding communication about end-of-life treatment options, but also assess reported knowledge resources to begin explaining provider experiences in conversation preparation with their terminally ill patients.

Health Education in the Community: Design, Training and Implementation of a Failed Health Application Workshop for Older Adults

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Health care professionals recognize taking prescribed medicine as a form of self-care performed by patients to promote their health (Bailey, Oramasionwu & Wolf, 2013). Terms such as, adherence, self-management, compliance, concordance, and persistence, are all routinely used to describe patients' use of prescribed medications (Bailey et al., 2013; Cramer et al., 2008; Osterberg & Blaschke, 2005). As prescription drug usage in the United States continues to rise, the importance of promoting safe and appropriate medication use will only increase (Bailey et al., 2013; Gu, Dillon, & Burt, 2010). That may be particularly true for older adults, one of the largest consumer groups of health care in the United States, who have also been recognized as a population in need of health maintenance programs (Ballard-Reisch, 2010; Wright, Sparks, & O'Hair, 2008).

Scholars have investigated using health-related applications (apps) to support health behavior change (Fjeldsoe, Marshall, & Miller, 2009; Patrick, Intille, & Zabinski, 2005) and facilitate patient education and self-management of chronic diseases (Mosa, Yoo, & Sheets, 2012). Because apps are installed and operated on handheld devices (i.e., smartphones or tablets), scholars need to understand certain technology-related factors that can constrain usability such as different operating systems, Internet connectivity and speed, screen size, and input mechanisms with multi-touch displays (Conti, 2008; Lobo, Kaskaloglu, Kim, & Herbert, 2011). Older adults have been known to struggle with technology more than young adults (Logan, 2000), but can succeed with training (see the ehealth literacy scholarship of Bo Xie). Thus, an effective intervention program for educating and training older adults' tablet use with health apps could benefit the aging population.

This paper analyzes one iteration of a four-year, community-based participatory research study (CBPR; Authors, 2015; the Intergroup Communication Intervention, ICI) where communication students teach older adults basic functions of tablets (e.g., Kindles, iPads, and Galaxys) in workshops hosted at a community senior center and public library in order to improve technology skills of older adults. In the fall semester of 2015, researchers attempted to add new health content within the existing structure of the ICI workshops by introducing MedaCheck, a progressive reminder app that helps people manage their medications. According to MedaCheck, "progressive" describes how the app reminds users about taking medications; i.e., in steps starting with alarm reminders and ending, if necessary, with a call center notifying up to two people to check on non-responsive app users.

This paper details an ethnography of the MedaCheck app training. Specifically, the authors systematically describe the process of designing, training, and implementing the training of the health app into the existing longitudinal study of technology skills acquisition among older adults. Despite intensive preparation and training of co-researchers and workshop facilitators by the lead researcher, MedaCheck, and senior center personnel, only four of 40 older adults were able to successfully interact with the app. We describe the partners collaboration in designing the health app training, the actual training of workshop facilitators, the workshop where the training was implemented in the community, and the partners' post implementation debriefing.

Health Information Engagement among Ethnic Immigrant Women: Results from a Community-engaged Qualitative Study

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Since the 1970s, the U.S. immigrant population has increased dramatically. By 2060, the number of foreign-born individuals is expected to reach 78 million, or 18.8% of the total U.S. population (Pew Research Center, 2015). Unfortunately, data show that health inequalities, and cancer disparities in particular, are widespread in immigrant communities (Gany et al., 2006). As researchers and practitioners develop interventions to address these disparities, it is important to understand how best to reach immigrant populations. There have been some efforts to identify the health information sources used by different immigrant communities, but less is known about how individuals actually engage with health information—in other words, their motivations for using and moving among sources. Understanding these patterns of information engagement is critical to the design of effective interventions. To this end, we draw on data from 6 community-engaged focus groups (N=53) with women ages 35-55 from three ethnic immigrant communities (Somali, Latina, and Hmong). These data were collected as part of a larger study of ethnic immigrant women's awareness and perceptions of breast cancer messages in the media. All groups were held in community settings and facilitated in Somali, Hmong, or Spanish by trained community researchers using a semi-structured question guide. Before delving into breast cancer content, facilitators began each group by asking how women learned information about health. Each 90-minute session was recorded and professionally translated and transcribed. A grounded theory approach was used to identify themes; NVivo 10 was used to enhance analyses. Several preliminary themes emerged, including 1) goal-directed seeking of health information (e.g., self-diagnosis), using a range of medical, interpersonal, and media sources (both mainstream and ethnic, traditional and digital sources); 2) coming across health information without actively looking for it, typically from radio and television; and 3) purposefully moving across information sources, often to verify that information can be trusted, to double check what a provider has said, or to elaborate on information obtained from other sources (typically with an Internet search). These patterns of navigating the public information environment—information seeking, information scanning, and cross-source engagement—that we observed in our sample of ethnic immigrant women are largely consistent with those identified in both general and clinical populations (Kelly et al., 2010; Hornik et al., 2013; Blinded for peer review, 2010). Implications for communication campaigns and public health interventions designed to reduce health disparities in immigrant communities will be discussed.

Health Information Seeking, Avoiding, and Disinterest: An Analysis Based on the Risk Perception Attitude Framework

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This study proposed a three-response approach to health information behavior. The approach argues that individuals may seek, avoid, or be disinterested in information. It then drew from the Risk Perception Attitude (RPA) framework to examine the influence of risk, efficacy, and other variables on information-seeking behavior. The RPA framework asserts that risk and efficacy play central roles in determining health information seeking. Those with perceptions of high risk and high efficacy are generally expected to seek information. People who perceive themselves to be at high risk, but have low efficacy, are not expected to seek information. Those who perceive themselves to be at low risk, regardless of their level of perceived efficacy, are expected to be nonseekers of health information.

Respondents from an online crowdsourcing website (N=449) identified three medical conditions for which they anticipated seeking (HIS), avoiding (HIA), or being disinterested (HID) in health information. For each condition, respondents reported personal or family histories of diagnosis and then rated their risk, efficacy, curiosity, illness perceptions, and knowledge. Trust in health information sources, health consciousness, and fear of illness were also assessed. Repeated measures analysis of covariance (ANCOVA) tested the significance of differences in the adjusted mean ratings on risk and efficacy across the three types of threats (HIS, HID, HIA). Each of these analyses included trust in health information sources, health consciousness, illness perceptions, demographic variables, insurance status, and general health perception as covariates. Additionally, five separate repeated measures ANCOVAs tested the significance of difference in mean ratings of trust in information, topic-specific curiosity, prior knowledge, health consciousness, and fear of illness across the three types of threats (HIS, HID, HIA). Individuals' personal and family history on the HIS, HID, and HIA conditions were examined using descriptive statistics.

For the HIS conditions, most respondents reported high risk and high efficacy. Individuals also reported higher levels of curiosity, prior knowledge, and personal and family diagnoses on HIS conditions than on HIA and HID conditions. When compared to HIS and HIA conditions, the majority of individuals reported their lowest levels of risk and an intermediate level of efficacy on threats for which they were disinterested (HID); they also reported the lowest levels of curiosity, prior knowledge, and personal and family diagnoses for these conditions. For HIA medical conditions, respondents tended to report moderate risk and low efficacy. They also reported intermediary levels of curiosity and prior knowledge and intermediate rates of personal and family diagnoses.

The findings support differentiating between information nonseeking motivated by disinterest versus avoidance. Predictions rooted in the RPA framework were not generally supported. This study provides insights into the other considerations that would need to be built into a more comprehensive model. Such a model would, for example, need to incorporate general orientations toward health (e.g., health consciousness), situational factors (e.g., personal and family diagnoses), and topic-specific knowledge and curiosities.

HIV Drugs Like My Birth Control Pill: Lived Narratives of Black and Latino MSM in an Urban American Context

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Globally, men who have sex with men (MSM) have been reported as those at very high risk of HIV/AIDS. Among MSM (who comprise 63% of estimated new HIV infections) in the U.S., minority subgroups—Black and Latino—constituted a combined 54% of new HIV infections reported in 2010 (CDC, 2013). A recent study by Prejean and colleagues (2011) documented a particularly alarming trend among young (ages 13-29) African American MSM; they noted that new HIV infections rose nearly 50% within this population between 2007 and 2009. Given these increased burden of infection rates among minority groups, there is a continued need to explore HIV risk within African American and Latino MSM populations and develop meaningful prevention strategies

The development and implementation of interventions that account for risk factors unique to African American and Latino MSM depend in part on scholarship that focuses on patterns of communicating about HIV/AIDS within these populations. From a communication studies standpoint, there is a dearth of reported research on how minority MSM in the U.S. make meanings of and negotiate the HIV/AIDS landscape (Dillon & Basu, 2014). In their recent meta-synthesis of qualitative studies focusing on MSM of color and HIV/AIDS, Dillon and Basu argue that localocentric vocalizations of health and HIV/AIDS, as they materialize from within minority MSM cultural contexts, are crucial to understanding and addressing HIV/AIDS risk within these populations. As well, they note that there is minimal health communication scholarship focusing on HIV/AIDS within African American and Latino MSM populations. Responding to their call to initiate such research, our paper reports the findings of a qualitative study aimed at understanding cultural and contextual factors that influence how MSM of color communicate about health and HIV/AIDS.

Our paper draws on data collected through face-to-face, qualitative, in-depth interviews with 17 Black and Latino MSM in an urban setting in the U.S. The interviews ranged from 27 minutes to an hour and 15 minutes, with an average time of approximately 43 minutes. We recorded the interviews using a digital recording device and transcribed each interview verbatim. The transcripts totaled over 187 pages of single-spaced text.

Using a modified constructivist grounded theory, we interpret the data to highlight how the group of minority MSM we worked with translated the threat of HIV/AIDS into an everyday affair, similar to being on daily birth control. Even as they struggled with their racial and sexuality categorizations, we document how our research participants theorized HIV/AIDS as a manageable condition, yet one that takes its toll, on mind, body, and community. Such a theorization, we argue, highlights the need to understand lived and local realities experienced by sexual and racial minorities, particularly those at risk of HIV/AIDS, and subsequently, centralize such lived narratives in health promotion programs targeted at such population groups.

Hope for Change: Effects of Hope Appeals on Climate Change Mitigation Behaviors

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As a future-oriented emotion, hope has the potential to motivate behavior. Hope has particular promise for increasing engagement with climate change (Chadwick, 2015; Markowitz & Shariff, 2012; Swim et al., 2009). Hope appeals increase attention to climate change message and feelings of hope increase interest in climate protection (Chadwick, 2015). Feelings of hope and efficacy are correlated with pro-environmental behaviors and support for climate policies (Lorenzoni, Nicholson-Cole, & Whitmarsh, 2007). Hope also increases the probability that individuals will adopt climate protection beliefs and behaviors (Markowitz & Shariff, 2012; Swim et al., 2009).

Hope appeals have two components, the inducement of hope through the presentation of an opportunity and the presentation of recommended actions to take advantage of the opportunity (Chadwick, 2015). This research expands on previous research (Chadwick, 2015), which examined the effects of the hope evocation portion of a hope appeal. Thus, the purpose of this study is to assess the effects of complete hope appeals on climate mitigation behavioral intention and behavior.

The study had a between-subject experimental design in which participants responded online to questions before and after reading stimulus messages. One week after completing the initial procedures, participants completed follow-up measures. There were two study conditions: a hope appeal about climate change and a control message. 194 undergraduate students (49.5% female, 50.0% male) were randomly assigned to one of the study conditions. Participants completed measures of pre-message behavior, post-message hope and behavioral intention, and follow-up behavior. The behavior measures focused on four behaviors: turning off computers, unplugging cell phone chargers, using reusable grocery bags, and using a reusable water bottle.

The effects of the hope appeal on behavioral intention and behavior were tested using four between-groups MANCOVAs. The dependent variables were post-message behavioral intention and follow-up behavior for each of the four behaviors. Pre-message perceptions of susceptibility and environmental identity were the covariates.

Turning off computer. The hope appeal had a significant main effect on post-message behavioral intention, $F(3, 191) = 6.53, p = .011$. However, the hope appeal did not significantly affect follow-up behavior.

Unplugging cell phone charger. The hope appeal had a significant main effect on post-message behavioral intention, $F(3, 191) = 6.68, p = .010$. However, the hope appeal did not significantly affect follow-up behavior.

Using reusable grocery bags. The hope appeal did not significantly affect post-message behavioral intention. The hope appeal approached, but did not achieve, a significant effect on follow-up behavior, $F(3, 191) = 3.53, p = .061$.

Using a reusable water bottle. The hope appeal did not have any significant effects on post-message behavioral intention or follow-up behavior.

As a step toward the effective use of hope appeals, this study examined the effects of a hope appeal on behavioral intention and behavior. The results indicate that hope appeals have potential to be an effective strategy; however, additional research is needed to examine potential mediators and moderators of the effects. This study brings us one step closer to adding a potentially powerful strategy to our persuasive communication toolbox.

How are Social Media Engagement and Sociocultural Factors Related to Early Adolescents' Physical Activity and Sleep Behaviors?

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Background: In today's society, adolescents are highly engaged with screen-based media through social media outlets (e.g., Facebook, Twitter, Instagram), and according to Pew Research, 92% access the Internet daily (Lenart, 2015). Prior research suggests that increased screen time (Barnett et al., 2010) and lack of sleep (Mitchell et al., 2013) are linked to increased obesity in early adolescents, and that there may be gender differences (Barnett et al., 2010). Most research conducted combines measures of TV use with social media use and typically uses time spent with media to measure effects on outcomes. The current study adds to the literature by examining the impact of adolescents' social media use and motivation for social media use on physical activity and sleep. In addition, we examine the contribution of other types of media use (i.e., TV use) to determine its relative impact on youth outcomes.

Methods: We conducted a national cross-sectional survey from June 2-11, 2015. The survey assessed early adolescents' (6th-8th grades) use of social media, physical activity, and sleep behaviors. We used a modified 8-item scale to assess social media activities (Rosen et al., 2013). To measure physical activity, we utilized a modification of the Physical Activity Questionnaire for Older Children (PAQ-C; Kowalski et al., 1997). We used an item modified from the Behavioral Risk Factor Surveillance System Questionnaire to measure perceived insufficient rest or sleep in the past week. We also collected information regarding sociocultural factors (age, gender, race/ethnicity, income). Descriptive statistics were calculated to characterize early adolescents' social media use, physical activity and sleep behavior. In addition, we conducted multiple linear regression analyses to examine the relationships among social media use, physical activity and sleep behavior.

Preliminary Results: Three hundred and fifty-four early adolescents responded to the survey. The average age of respondents was 13.21 years old (SD=1.07), 71% were White and 50% identified as female. The mean social media use was 3.48 (SD=0.86) indicating that respondents "sometimes" to "often" performed social networking activities on a typical day. Overall, respondents indicated a low level of physical activity (M=1.73; SD=0.68) and insufficient rest or sleep on an average of 2.87 days (SD=2.04) in the past week. Regression analyses showed a significant positive relationship between social media use ($\beta=0.23$, $p<0.05$) and physical activity. Findings also indicated a significant positive relationship between social media use ($\beta=0.45$, $p<0.05$) and perceived insufficient rest or sleep. We will include additional analyses that compare the effects of traditional television viewing on these health behaviors and that seek to determine whether other factors, such as motivation and parental mediation appear to have an effect on social media's impact on sleep and physical activity. These factors are an important contribution to the literature, as social media may not have the same effects on adolescents as other traditional media.

How Audience Members React to Health Messages in Environmental Stories and Comments

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This research stream explores new and efficacious ways of communicating about climate change using personal and public health topics as a focal point. It also explores how user comments can affect audience interpretations of health news stories. Drawing on construal level (Lieberman & Trope, 2008) and exemplification theories (Zillmann, 1999, 2002), as well as research on perceived similarity and user-generated comments, we conducted two related between-subjects experiments.

In the first 3x2 factorial experiment (N = 1172), we analyzed how effective health-, ecological-, and lifestyle-impact frames were at communicating certainty about climate change. (See Appendix A for stimuli example.) To make climate change more relevant to people's lives, a public health frame instead of an environmental frame has been suggested, which would prioritize the impact of climate change on common health problems such as infectious diseases and asthma (Nisbet, 2009). We hypothesized that

the health-impact frame would result in more certainty about climate change than the ecological or lifestyle frames.

In the subsequent 2x2 factorial experiment (N = 400), we took the health-impact framed story, added user comments to it, and then manipulated the comments to determine how they influence people's health concerns. Comments either supported or dissented from the story's argument that climate change is influencing public health, and referenced either anecdotal or empirical evidence to support these claims. (See Appendix B for stimuli example.) We also investigated how perceived similarity to commenters varied based on experimental condition and whether it mediated the effect of the story on people's health concerns.

The literature on perceived similarity to message sources has primarily focused on how we assess similarity when confronted with explicit source cues, such as a student participant's perceived similarity to a source identified as a student (Brosius, 2003). In a digital media environment, such cues are not always available to media consumers. An anonymous commenter does not leave digital traces of identity such as those found on a Facebook page. Instead, similarity may be inferred only from the commenter's message, not from other markers of identity. The literature on exemplars suggests that exemplars have legitimacy because readers can draw parallels between the described experience and their own lives (Petraglia, 2009). We hypothesized that participants will assess themselves as more similar to commenters who serve as exemplars by conveying anecdotal information that reinforces participants' beliefs than to commenters who provide either empirical information or anecdotal information that contradicts their beliefs.

Finally, we examined how participants' health information orientation (Dutta-Bergman, 2003), which captures the perceived value of health information and interest in health issues, moderates the impact of the comments. We hypothesized that among participants who are high in health information orientation, those exposed to supportive comments will have a greater level of concern about health problems than those exposed to dissenting comments.

Overall, these studies represent an important effort in understanding how shifting the lens to health as the focal point in climate coverage might influence audiences even while factoring in effects from comments.

'I don't know how to tell you this': Impact of Celebrity Health Disclosure Format on Stigma Reduction Toward Bipolar Disorder

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Scholars have examined the role celebrity health disclosures and narratives play in impacting people's beliefs, attitudes, and behaviors toward a variety of health conditions such as cancer (Lerner, 2006; Stone, 2011; for a recent review, see Noar, Willoughby, Myrick, & Brown, 2014), drug and alcohol addictions (Stone, 2011), HIV/AIDS (Casey et al., 2003), and Parkinson's disease (Moe, 2012). Lerner (2006) explained celebrity disease disclosures make for compelling narratives and help increase disease awareness and understanding. Today, many celebrities advocate about health conditions to raise both awareness and funding for research (e.g., Michael J. Fox/Parkinson's disease).

Noar et al. (2014) conducted a systematic literature review exploring celebrity public cancer announcements or deaths and their subsequent impact on cancer-related outcomes (e.g., cancer information-seeking, interpersonal discussions about cancer, media coverage about cancer). They found public announcements led to increased media coverage about the specific cancer and, in turn, increased information-seeking and interpersonal discussions about the cancer among the general public. Furthermore, the announcements increased behavioral intentions to participate in cancer screenings (Noar et al., 2014). Based on these results, Noar et al. (2014) argued a celebrity cancer diagnosis announcement might serve as a "naturally occurring" intervention to increase public interest and engagement with cancer issues. Noar et al. (2014) also recommended the need for additional research to better understand the theoretical pathway through which celebrity public cancer announcements influence cancer-oriented outcomes.

This study serves two purposes. First, this study argues parasocial interaction (PSI) with a health-disclosing celebrity could be a possible theoretical pathway influencing illness-oriented outcomes. Following in the vein of Brown and Basil (2010), which suggested one pathway might be via media-user figure relationships (e.g., identification with the celebrity) associated with the health disclosure announcement. The current study provides a potential explanatory framework and mechanism (i.e., parasocial contact hypothesis and PSI) for how celebrity health narratives are effective at creating awareness and, in the case of our study, reducing stigma about a health issue. Second, this study explores how different media formats (e.g. PSAs, video interviews, print interviews) of celebrity health disclosures of bipolar disorder affect stigma reduction about the condition.

Two hundred thirty-two undergraduates (60.3% females, 76.3% White) participated in an online experiment where they were randomly assigned to 1 of 4 message conditions, 3 of which involved Demi Lovato talking about her bipolar disorder diagnosis (in a PSA, in a magazine interview, and in a television interview). The control condition provided basic information about bipolar disorder. Pretest and posttest assessments were collected for: (a) PSI toward Demi Lovato, (b) social distance toward people with bipolar disorder, and (c) negative stereotypes about bipolar disorder. Preliminary analyses suggest as PSI with Demi Lovato increased, both social distance and negative stereotypes related to bipolar disorder decreased. Moreover, PSI varied in terms of the format used for disclosure, with TV interview being the most effective at eliciting PSI compared to a PSA, or a magazine interview. Implications include further understanding of how celebrity health disclosures may potentially facilitate stigma reduction toward health conditions.

The Impact of E-cigarette Marketing and Risk Messaging on College Students' Attitudes and Intention to Use

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Rationale: The popularity of e-cigarettes has sparked more attention and debate than existing cigarette products on the market. Recent research also suggests that college students are willing to try e-cigarettes, are more accepting of their use, and have likely tried e-cigarettes while in high school. Guided by the Health Belief Model, the authors hypothesize that exposure to risk messaging would result in significant changes to students' attitudes, beliefs, and intention to use e-cigarettes.

Method: Undergraduate students ($n = 504$) at a large mid-Atlantic university participated in a 2×3 experimental study. Participants' ages primarily ranged from 18 to 22; a majority identified as female ($n = 381$) and first-year ($n = 421$). Participants completed a pre- and post-test survey. Experimental group 1 was exposed to e-cigarette advertisements, experimental group 2 was exposed to e-cigarette risk messages, and the control group was exposed to no e-cigarette intervention. The researchers performed repeated measures analysis of variance (rANOVA) to determine the impact of the interventions.

Results: There were significant differences from pre-test to post-tests for benefits ($F[1,494] = 25.459, p < .05$), barriers ($F[1,494] = 22.197, p < .05$), and risk ($F[1,494] = 95.094, p < .05$). Students reported significant decreases in the beliefs that e-cigarettes save money, are not as addictive as cigarettes, they can control their smoking, they are safer, and makes it easier to socialize with friends who don't smoke. They reported significant increases in the beliefs that e-cigarettes are expensive, cause health problems, are hard to find, hard to use/refill, contribute to illness, can make your family sick, contribute to a loss of income, and lead to death. There was an overall significant decrease in intent to use e-cigarettes from pre- to post-test, $F(1,494) = 11.582, p < .05$.

Students in the risk messaging experimental group were significantly different pre- to post-test from the advertisement and control groups for benefits ($F[1,494] = 16.318, p < .05$), barriers ($F[1,494] = 15.495, p < .05$) and risks ($F[1,494] = 19.388, p < .05$). There were no significant differences between the advertisement and control group; however, it is important note that exposure to advertisement did result in decreases in beliefs about benefits and increases in beliefs about risks and barriers.

Implications: There are several implications that can be used for health campaign design. First, although students identified a number of benefits, they did not believe that using e-cigarettes could help avoid cancer. The novelty of e-cigarettes makes it difficult to determine the long-term health effects, so this risk message may not be effective in current campaigns. Health campaigns should utilize messages that present the short-term health dangers of e-cigarettes, particularly information about exposure to vapor and nicotine consumption. Second, the uncertainty about what e-cigarettes are may be a successful tool in communicating risk to college students. Students reported low knowledge of e-cigarettes which contribute to the changes in risk messages and advertisements groups. Research is needed on what risk and knowledge messaging is effective to prevent adolescents from vaping.

The Impact of Perceived Similarity on Young Adults' Electronic Cigarette Perceptions and Attitudes

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Narrative communication is an effective strategy to communicate health information (Hinyard & Kreuter, 2007). These story-based health messages are effective in part because of the ability to employ characters that are similar to members of the target population (Kreuter et al., 2007; Slater & Rouner, 2002). The present investigation explicates the construct of audience-character similarity by testing a series of perceived similarity dimensions (perceived racial similarity, perceived gender similarity, perceived background/social group similarity, and perceived attitude similarity) in narrative electronic cigarette risk messages. Past work has examined the impact of culturally resonant narrative messages (Kreuter et al., 2010; Murphy et al., 2015), though there is a paucity of studies exploring the degree of attribute alignment to specific characters in these stories and message effects (Frank, Murphy, Chatterjee, Moran, & Baezconde-Garbanati, 2015). We explore these four dimensions of perceived similarity with three characters at different stages of adopting e-cigarette use: Alex (a character interested in experimenting with e-cigarette initiation), Taylor (a character who has not heard information about e-cigarettes), and Jamie (a character who attempted to use e-cigarettes to quit smoking and instead became a dual e-cigarette and cigarette user).

A sample of 674 U.S. young adults (i.e., 18-24 year olds; Non-Hispanic White = 225, Hispanic = 226, Black = 223, Female = 338, Male = 336) viewed a comic strip-based print narrative that featured the three characters talking about e-cigarette risk after attending a football game. The narrative contained information about the potential for e-cigarettes to contain addictive levels of nicotine, as well as other unknown toxins. Six versions of the same base story were manipulated to include characters with one of three different skin tones and either male or female characters. Participants were randomly assigned to view one version of the story and rate their perceptions of similarity on each of the four dimensions for each of the three characters or a no exposure control condition. All participants reported their agreement with narrative-consistent perceptions (e.g., e-cigarettes are addictive, contain toxins) and attitudes (e.g., harmfulness).

Regression analyses revealed different dimensions of similarity predict e-cigarette perceptions and attitudes for the three characters. For Alex (the potential experimenter) and Taylor (limited information), perceived gender similarity significantly predicted narrative consistent perceptions and attitudes. However, for Jamie (the dual user), perceived background/social group similarity was the significant predictor of narrative-consistent outcomes.

These results provide several implications for narrative message design. When designing pre-behavior characters, more heuristic forms of similarity can be effective for persuasion. However, when creating characters that already exhibit undesirable behavior, "deeper" forms of similarity with the social situations of those characters might be necessary. Previous meta-analytic results (Tukachinsky & Tokunaga, 2013) have indicated perceived similarity as a moderate predictor of message effects, but these measures are often limited to holistic measures of similarity (i.e., "how similar are you?") or attitude similarity/homophily. Examining similarity as a multidimensional yields more nuanced insight for design and researchers should be prudent in considering how to align characters with the target audience depending on the modeled behaviors.

The Impact of Strengthened Cigarette Pack Warnings on Attention and Message Processing: A Systematic Review

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Cigarette pack warnings are a global communication strategy for tobacco control. We sought to better understand the impact of strengthening cigarette pack warnings by systematically reviewing longitudinal observational studies.

We systematically searched 5 databases, reviewed reference lists of relevant articles, and emailed authors for unpublished work. To be included, a study had to: 1) be observational in nature and report data on the impact of a change in the implementation of national cigarette pack warning policy, 2) use a longitudinal design that included pre and post assessments, and 3) report data on one or more outcomes from these categories of the message impact framework: attention & recall, warning reactions, social reactions, or perceived effectiveness. Our initial searches yielded 6,241 references after removing duplicates. Two independent coders screened all titles and abstracts for relevance, reducing the number down to 87. Full-text review of these articles resulted in a final set of 22 studies for the systematic review. Two independent coders coded study characteristics. Mean percent agreement across coding categories was 95%.

The 22 studies evaluated warning policy changes in 11 different countries, including Australia (27%), Canada (14%), and the UK (14%). Most studies (72%) examined only intervention countries; the remainder (28%) included 1 or more control countries. Most studies (96%) used probability sampling and collected data using phone surveys (50%) or in person interviews (26%). The most common data type was panels (50%) or multiple cross sectional (36%); 14% used both. Study participants were most commonly young adults/adults (50%), although 32% of studies included adolescents. Only 14% of studies were only adolescents. While just under half (46%) of studies were of smokers, 50% were of both smokers and non-smokers, and 4% were of former smokers. Only 18% of studies reported including low-income participants.

Studies varied in the warning changes they evaluated. The majority (67%) assessed changes from text to pictorial warnings. However, 29% evaluated the impact of strengthened text warnings (e.g., moved warning from side to front of pack) and one study examined the impact of strengthened pictorial warnings (i.e., increased size).

We identified 18 unique outcome variables across the four categories of the message impact framework; we report key findings here. For attention and message processing, strengthened warnings significantly ($p < .05$) increased 1) attention to warnings in 16 of 18 studies, 2) avoidance in 7 of 8 studies, 3) cognitive elaboration in 3 of 7 studies, and 4) social interactions in 1 of 2 studies. For perceived effectiveness, strengthened warnings significantly ($p < .05$) increased 1) perceptions of cognitive elaboration in 11 of 13 studies, 2) perceptions of foregoing cigarettes in 8 of 10 studies, and 3) perceptions of motivating quitting or staying quit in 4 of 5 studies.

This is the first systematic review to examine the impact of changes in national cigarette pack warning policy implementation in longitudinal studies. Results indicate that strengthening warnings has a measurable impact on a range of communication outcomes. Strengthening cigarette pack warnings should be a priority for tobacco control globally.

Implications of Medical Distrust for Utilization of Economic Wellness Incentives among Individuals with Behavioral Health Diagnoses

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A common limitation of health behavior interventions is that they rarely attend to the economic barriers present in the environment, particularly for vulnerable populations. The Wellness Incentives and Navigation (WIN) program in Texas is a notable exception. The goal of WIN is to improve health self-management and reduce the incidence and consequences of chronic disease among adult Medicaid Supplemental Security Income (SSI) beneficiaries with co-occurring physical and behavioral health (including serious mental illness) diagnoses by providing eligible individuals incentives include person-centered wellness navigation and a personal wellness account of \$1,150 per year. The key advantage of this program is that it addresses both psychosocial and economic determinants of health (Marmot, 2005). However, it is unknown how eligible participants will respond to this unique approach. The goal of the current manuscript is to examine the communication challenges, specifically mistrust, associated with promoting a health behavior intervention that addresses the psychosocial and economic components of wellness among of a vulnerable population of SSI beneficiaries.

A series of twelve focus groups were conducted in 2012 with SSI beneficiaries with physical and behavioral health diagnoses and thus met the eligibility criteria to be enrolled in the WIN Program (N = 51 participants). Focus groups were stratified by sex and ethnic background (i.e., 4 Caucasian, 4 African American, and 4 Hispanic). The moderator guide prompted participants to discuss general issues related to health and wellness followed by perceptions of the recruitment and retention materials for WIN. Audiotaped discussions were transcribed verbatim. Transcripts were unitized and open-coded for thought units pertaining to mistrust. Codes were collapsed and a codebook was created. The transcripts were re-analyzed using an iterative combination of independent and collaborative axial coding.

Examination of the open-coded data yielded two categories of mistrust (Hall, et al., 2001) The first is fidelity, or trust in the program. In reference to the program's financial compensation, one participant stated, "I guess you would kind of have to do your homework to make sure this ain't no scheme or nothin." The second category, honesty, refers to telling the truth and avoiding intentional falsehoods. An example of this theme includes a participant expressing concern that the program's future members will participate for dishonest reasons, saying, "...there's a lot of people that are crooked in their minds and stuff you know. And I just hate to see that somebody would spend any money to try and get something going and then it's been misused."

Health care trust is an important consideration across the spectrum of care because it is positively related to shared decision making and promoting learning throughout the health system (e.g., Gabay, 2015). The current study examined the circumstances that produce health care mistrust and the implications of mistrust on the utilization of wellness incentives such as navigation and a wellness account. Specifically, we found that expressions of distrust were predicated upon negative past experiences with health care services and providers, casting doubt on the legitimacy of the financial incentives offered by the program, as well as the motives of future WIN program participants.

The Important Role of Perceived Knowledge in Stimulating Conversation about Health Content

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Exploring variables that may lead to talk among broad populations is of utmost importance to public health campaigns. Perhaps no type of media content has as much motivation to stimulate talk about content among large amounts of people as PSAs. Given that many of these efforts are focused on lower-socioeconomic status individuals, who are unlikely to be seen as connectors within their network hubs, the need to have these people engage with media content is great. Smokers, for example, are typically less educated and have lower incomes than non-smokers (Rigotti, 2002).

In the present research, we address calls for how or why people talk in examining one way in which simple exposure to campaign messages may lead to talk about that topic among a broad swath of the population. Building upon work by Southwell and Torres (2006) and others, we assess how perceived knowledge may act as a partial mediator between exposure to a large-scale smoking cessation campaign and talk about the negative consequences of smoking.

Although largely ignored in health communication, research in political communication suggests that people are unlikely to talk about an issue about which they have little knowledge. If we concede that this same effect may cross over to health communication, then it's reasonable to conclude that boosting knowledge about the negative consequences of smoking may play a key role in getting people to talk about the negative consequences of smoking. The present research, then, assesses whether boosting perceived knowledge through an antismoking media campaign increases the degree to which people discuss antismoking messages.

Data (n=697) was collected at multiple time points through a probability based national panel derived from an address-based sampling (ABS) process, as part of an ongoing evaluation of ClearWay Minnesota's smoking cessation campaign "We All Pay the Price."

A path analysis framework using structural equation modeling in AMOS 20.0 was used with the present data. An examination of the full model with standardized and unstandardized coefficients provides support for the notion that increasing perceived knowledge increases conversations about the negative consequences of smoking. Perceived knowledge was found to mediate the effect of campaign awareness on talk about the negative consequences of smoking ($p < .01$).

Additionally, and somewhat unexpectedly, perceived knowledge appears to fully mediate the effect of campaign awareness on conversation. The main effect of campaign awareness on conversation disappears once perceived knowledge is entered into the model.

The results suggest that perceived knowledge about the negative consequences of smoking appears to play an important role in the frequency of conversation about this topic.

This finding provides an important contribution to scholarship on health and interpersonal communication, in that it is the first known study to demonstrate a mediational path between exposure to health media content, perceived knowledge, and conversation about that content. Although work in the political communication arena suggests conversation leads to increased knowledge about a topic, we find that knowledge may be a prerequisite of sorts to engaging in conversation about certain health issues.

'I'm sorry to hear that': Empathetic Communication in Virtual Clinical Training for Nurses

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Communication training in nursing education focuses on improving medical interviewing skills in order to maximize the amount of relevant medical information obtained. However, patients may disclose information during medical interviews that require departure from standard questioning. The ability to empathize appropriately in these medical history situations (MHSs) improves patient satisfaction and clinical outcomes. However, assessing empathy skills in a clinical environment is challenging. The current study examines nurses' empathic abilities during a simulated health history exam. Simulations provide an ideal opportunity to assess communication skill because MHSs and patient responses are standardized. Guided by message design logics (O'Keefe, 1988), the current study examines simulated exams contains nine potential MHSs warranting an empathic or educational response to answer the following research questions (RQs):

RQ1: What MHSs are recognized as opportunities to provide empathetic or educational support?

RQ2: What recognized MHSs were used to provide empathetic support?

RQ3: What message strategies are used to express empathy?

RQ4: How does empathic support vary among MHSs?

Data include nine MHSs that undergraduate nursing students (N = 343) could encounter while conducting a simulated health history. Out of 3,087 potential MHS's, students encountered 1,625. Of the MHS's encountered, students responded 49.1%. Students categorized their responses as either empathetic (n = 545) and/or educational support (n = 395). On average, nurses encountered 4.7 MHSs and provided empathetic or educational support in 2.3 MHSs (n = 798) per exam. Guided by message design logics, empathetic messages were coded as expressive, conventional, or rhetorical by three coders (overall Krippendorff's alpha = 0.829 with intercoder reliability for individual opportunities ranging between 0.7 and 0.957). Chi-square tests were used to answer RQ1 and 2, and ANOVA for RQ3 and 4.

Successful recognition of opportunities to provide empathic or educational support (RQ1) varied across the nine MHSs, $\chi^2(1, N = 3,086) = 967.70, p < .01$, with disclosures related to pain, its impact on daily life, and loss in the family being recognized most frequently. Expression of empathetic support also varied (RQ2), $\chi^2(8, n = 798) = 314.29, p < .01$, with disclosures about a lack of health literacy and poor diabetes management MHSs receiving fewer empathetic statements. Across opportunities (RQ3), nurses were largely conventional in their empathetic statements (M = 2.00, SD = .61, 95% CI = [1.96, 2.06]). However, there were significant variances among MHSs (RQ4), $F(8, 536) = 9.97, p < .01$, with the lowest empathy scores associated with disclosure of uncontrolled asthma, M = 1.40, SD = .51).

The results show that student nurses recognize opportunities for empathy in response to self-disclosures about half the time. The variability in the quality of empathic responses demonstrates the need for communication skills training and assessment in the health professions. The coding system developed in the current study has the potential to be automated for real-time evaluation and feedback on nurses' empathy skills in virtual training environments to examine the association between empathy skills and professional outcomes longitudinally.

Individual and Organizational Predictors of Structural Divergence

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Structural divergence theory explains a negative communication spiral that can occur as a result of unresolved conflict originating from an inability to balance competing social structures. When healthcare providers experience structural divergence they experience an erosion of organizational development, which impacts the quality of care their patients receive. The present study attempts to further understand structural divergence as a communication theory by exploring individual and organizational-level predictors of structural divergence in the healthcare organization setting. Specifically, this study examines argumentativeness and taking conflict personally, as well as relationships with coworkers and time spent in a position as predictors of structural divergence in a healthcare organization.

A total of 713 nurses representing 54 departments participated in an online questionnaire. Data were tested using regression analysis. Results indicate that relationships with coworkers were the strongest predictor of structural divergence ($\beta = -.50, p < .001$). Other significant predictors included taking conflict personally, to the extent that one feels personally attacked or abused by others ($\beta = .11, p = .02$), and time spent in one's current position ($\beta = .08, p = .04$).

The results of this study offer important implications for the ways in which healthcare providers are trained and how healthcare organizations are operated. How healthcare providers work together with others and make one another feel, have direct implications for their organizational success and the subsequent quality of care their patients receive. A collaborative climate in the workplace can help healthcare providers effectively balance competing social structures to avoid the structural divergence spiral. These results should inform the hiring and training process, where managers should emphasize the importance of collaboration, especially in the stressful environment of healthcare organizations.

Injury Prevention, Risk Severity, and Message Urgency, A Test of Psychological Reactance Theory

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Psychological reactance theory predicts that when health communication messages tell people what to do, recipients perceive that their freedom is being threatened, which leads them to reject the message. The mechanism that explains this is reactance, which prior research established can be measured through outputs of negative cognitions and negative affect. The goals of this experiment are to test this theory in a new health communication message context (injury prevention campaign associated with texting while crossing the street) and to further understanding of this theory using the latest approaches in mediation analysis (PROCESS). Earlier works have tested which factors provide the best model fit to explain reactance, however, this newer statistical approach can directly test whether these factors are necessary and sufficient in explaining the key relationships. Additionally, this study is the first to test whether varying risk severity or the urgency of the message mitigates perceptions of threat to freedom, and there are theoretical reasons to believe they may. For example, system justification theory suggests that communicating high risk severity may mitigate perceptions of threat to freedom, as the controlling message is seen as justified with good reason - to prevent severe injuries. In this study, participants ($n = 202$) were randomly assigned to one of eight conditions in a 2 (control of choice: restricts choice/ does not restrict choice) \times 2 (risk severity: high/ low) \times 2 (urgency: higher/ lower) fully-crossed experiment featuring injury prevention health messages associated with texting while crossing the street. The predictions associated with psychological reactance theory were supported in this new context. Participants who viewed a message that restricts choice had higher perceptions of threat to freedom, $p < .001$, $\beta = .20$; higher negative cognitions, $p < .001$, $\beta = .07$; higher negative affect, $p < .001$, $\beta = .17$; and higher message disagreement, $p < .001$, $\beta = .16$, than participants who viewed a message that did not restrict choice. The more participants disagreed with the message, the higher their behavioral intentions to disobey it, $p < .001$, $R^2_{adj} = .17$. Varying risk severity or message urgency did not mitigate perceptions of threat to freedom, establishing an important boundary test on the theory. Next, PROCESS was used to parse the direct and indirect effects. Reactance outputs (negative cognitions and negative affect) fully mediated the previously strong ($R^2_{adj} = .25$) relationship between threat to freedom and message disagreement (negative cognitions: $.24$, 95% C.I. = $.17$ to $.34$; negative affect: $.35$, 95% C.I. = $.23$ to $.47$), which means reactance outputs were sufficient in explaining the motivational state of reactance. However, when tested separately, only negative affect was shown to be both necessary and sufficient, while negative cognitions only partially mediated the key relationship. This finding highlights underlying mechanisms of the theory. Practitioners seeking to build a culture of health through injury prevention campaigns should make sure the text used in the message does not restrict choice, however, they can vary risk severity or urgency as needed without increasing or mitigating reactance.

Inoculation, Boosters, and Multiple Attacks: How Much Can Inoculation Withstand?

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This investigation - conducted in the context of health communication - explored three issues relevant to inoculation theory's function. First, this study explored the notion that time may erode inoculation-generated resistance. Second, this study tested the ability of inoculation to withstand as many as three counter-attitudinal challenges. Finally, this study compared the ability of the inoculation and attack messages to serve as booster treatments, thus prolonging the strength of inoculation-generated resistance.

In addition to exploring theoretical nuances(1) during the past five decades, scholars have extended inoculation's application to various communication contexts(2) including health (e.g., Parker, Ivanov, & Compton, 2012). While the theoretical and contextual areas of inoculation research have offered valuable direction, one area of inoculation research that has received limited attention is the impact of multiple attacks on the inoculation process (Ivanov, Pfau, & Parker, 2009b).

Understanding how multiple attacks affect inoculation-generated resistance should be a key contextual concern for inoculation scholars. For example, in the context of adolescent health campaigns, extant research has focused on topics such as conferring resistance to teen alcohol use, smoking, and risky sexual behavior (Godbold & Pfau, 2000; Parker et al., 2012; Pfau, Van Bockern, & Kang, 1992). If research supporting inoculation's efficacy is used to develop a teen health campaign, campaigners cannot assume that teens will only be asked to smoke, drink, or engage in risky sex one time.

Therefore the current study revisited and extended the findings from the only two studies (i.e. Burgoon & Miller, 1990; Ivanov et al., 2009b) that have systematically assessed the impact of multiple attack messages on the effectiveness of inoculation. Simultaneously, the roles of time and booster messages were examined. Consistent with the origins of the theory (McGuire, 1964), inoculation's ability to protect a firmly held health belief (i.e., everyone should brush his or her teeth after each meal) was selected as the issue for study. A 230 participant five-phase experiment was conducted. Five hypotheses and two research questions were explored.

This investigation provides three important takeaways regarding inoculation theory. First, the time delay between inoculation treatment and attack is not inconsequential as the message efficacy is eroded with the passage of time whether as a factor of message decay, motivation decay, or a combination thereof. As such, in situations where the attack is not likely to be presented in close temporal proximity of the inoculation message, booster messages should be used. Second, booster messages can work if appropriately designed, timed, and used with proper frequency. The larger the time delay between the inoculation treatment and the attack, the greater the need for boosters. And finally, inoculation can withstand an increased number of challenges. This is the first study to show that inoculation could withstand as many as three sequential attacks extended out evenly over a six-week time frame, post inoculation. This finding, coupled with the rest of the findings in our investigation, further pushes the boundaries of inoculation

In Their Own Words: Audience Response to East Los High, An Edutainment Teen Drama to Promote Safe Sex among Young Latina Americans

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East Los High (ELH) is an original Hulu teen drama series that was designed to transform sex education, especially among young Latino Americans. Season 1 consisted of 24 episodes and was premiered in summer 2013. ELH soon became a top show on Hulu and earned three Daytime Emmy nominations in 2015.

ELH is no regular Hollywood entertainment. It was conceived with clear social objectives. Specially, Season 1 aimed to increase knowledge and strengthen decision-making for improved sexual and reproductive health among young Latina women - who have the nation's highest teen pregnancy rates and are also a high risk group for sexually transmitted infections (STIs). The writers incorporated several themes while developing the show's narrative content.

In addition, ELH is making history. First, it is the first English-language show with an all-Latino cast to address issues within the Latino community. Second, it adopted the entertainment-education transmedia storytelling strategy for health promotion in the program design and production. Finally, it is empowered by the partnerships between commercial entities, NGOs, and research experts.

As part of the program evaluation, this study focused on analyzing responses from ELH's target audience in an online survey that was embedded and promoted on the program's website shortly after the season premier. A total of 202 viewers completed the questionnaire, including 110 young Latina females (range: 12-23 years old, $M = 18.55$, $SD = 2.36$). The data for this study were restricted to participants' responses to our open-ended questions: What were your most memorable scenes/character dialogues? How did you relate the dramatic storylines and main characters in the show to your personal life experiences? What changes, if any, did ELH help you initiative?

Ninety-eight target audience members provided answers in their own words, expressing their thoughts and feelings about ELH. These responses culminated 7,069 words in total, or an average of 72.13 words per respondent. All of them were systematically coded according to the social objectives specified by the ELH producers, including three major themes (i.e., birth control and family planning, safe sex and STI/HIV prevention, and abortion) and three minor themes (i.e., advocacy on sexual and reproductive health issues, violence, and educational goals). These themes were further broken down to 18 subcategories. Each entry was coded following the scheme: 1 = positive, -1 = negative, 0 = neutral or not mentioned. Three categories were added to cover the audience response that was not specified on the original list.

Our results show that the target audience had overwhelmingly positive response to ELH; there was not a single negative comment. They also responded strongly to the themes and messages prioritized by the writers (e.g., increase consistent use of condoms and contraceptives, prevent unplanned pregnancies and STIs, and communicate with sexual partners, family, and friends). They recognized some of the minor themes (e.g., education) although not all of them. Our findings have important implications for health intervention design, implementation, and evaluation.

Investigating Under-reporting of Adolescent Sexual Assault: Preliminary Analysis of Focus Group Interviews with Teachers

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Introduction: Adolescent sexual violence is a significant, social concern in the State of Indiana. Indiana has the second highest rate of forced sexual intercourse among high school females in the nation, and overall more than 1 in 6 have been a victim of sexual assault by the time they are 18 years old (Cierniak, Heiman, and Plucker, 2012). With this backdrop, the present research attempts to investigate under-reporting of adolescent sexual assault by identifying obstacles associated with the under-reporting and explaining how and why the barriers are created and maintained.

Methods: Funded by Indiana Criminal Justice Institute, we conducted 4 focus group interviews as part of a grant project examining under-reporting of adolescent sexual assault in the state of Indiana. Twenty-five participants including teachers, coaches, youth program staff, and forensic nurses were recruited in the northern, central and southern areas of Indiana. The focus group interviews were facilitated by a licensed therapist and a trained research assistant and lasted from 60 minutes to 90 minutes. A majority of the respondents were female (76%, N = 19). Guided by the grounded theory (Glaser & Strauss, 2009), we conducted the preliminary interview analysis.

Results: Many of the teachers noted that their schools provide little to no education about healthy relationships and what types of behaviors are appropriate or inappropriate, and therefore are of little use in helping adolescents learn healthy ways of relating to one another. Instead, they feel like they are discouraged from having such conversations with students, in or out of class, and are only supposed to deal with it if there is a problem. Hence, the teachers do not proactively try to teach children how to engage in healthy relationships, including the sexual aspect of such relationships; they only step in and react once things have gone badly. A reactive approach is considered as a major reason why there has been such a high rate of adolescent sexual assault. In the absence of a proactive educational effort to teach students how to relate in healthy ways, teachers also noted that social media can play a big role in the problem of underreporting. Given its ubiquity today, young people are willing users but are often naive about the potential for them to be victims of it until it is too late. In some cases, victimization arises from the ability of people to prey on adolescents through social media. Lastly, current laws and legal norms are identified as compounding the problem of adolescent ignorance.

Conclusion: Underreporting is unacceptably high and it contributes to our inability to effectively address the problem of adolescent sexual assault. There is a strong need for ongoing conversations with young people about how to develop and maintain healthy relationships, ways to avoid being either a perpetrator or a victim of sexual assault, as well as what they can do if they are assaulted. The informative findings will guide policy makers and public health practitioners to prevent adolescent sexual assault by highlighting the important need for communication-based intervention.

The (ir)Relevance of Age in Predicting Recall of Online Cancer Information

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Patients increasingly turn to the Internet to find cancer-related information. However, older patients often poorly recall information, which is a prerequisite for adequate daily life disease management. On the other hand, older age is also characterized by increased heterogeneity: individual differences increase when people get older. Therefore, chronological age may simply function as a catch-all term that consists of many age-related factors that together help to understand why older adults have poor recall performances in general. The aim of this study was therefore to provide a more comprehensive understanding of the contribution of chronological age and age-related factors explaining recall in older patients by proposing and testing a theory-based model.

According to the elaboration likelihood model and the limited capacity model of motivated mediated messages, information processing is influenced by two factors: ability and motivation. Besides a person's ability and motivation, information processing is influenced by how the message is experienced. Taking these theories' perspectives, we conducted a scoping review to identify recall predicting variables were categorized in terms of personal and message experience characteristics relevant for older patients' ability (e.g., frailty and perceived cognitive load) and motivation (e.g., future time perspective and involvement) to recall information. These characteristics were combined in a theory-based conceptual model, to be empirically tested among older cancer patients.

A sample of 197 (ex-)cancer patients aged 65 years or older completed an online survey in which they viewed a webpage containing information about radio frequency ablation treatment. After viewing the webpage, recall of the online information was assessed. Furthermore, the survey contained questions on chronological age and age-related ability and motivation factors (personal and message experience characteristics) that are expected to influence recall of information. Regression analysis was performed to assess the relative contribution of chronological age and age-related personal and message experience characteristics relevant for ability and motivation.

Results revealed that recall of online information was influenced by age-related factors reflecting both ability and motivation, but not by chronological age. The final linear model including all potential recall predictors accounted for 37.9% of the variance in recall of information. Chronological age did not predict recall of information. Instead, age-related personal and message experience factors relevant for ability and motivation were associated with recall. Recall of online cancer information was positively related to health literacy, involvement with the webpage, and satisfaction with the emotional support. Furthermore, recall was negatively affected by frailty, anger, future time perspective and perceived cognitive load.

This study proposed and tested a theory-based model to provide a more comprehensive understanding of the contribution of chronological age and age-related factors in explaining recall of online cancer information among older patients. The results showed that, in older age, recall of online cancer information is determined by a wide variety of age-related ability and motivation factors rather than chronological age. This poses relevant opportunities for tailoring interventions. As chronological age cannot be changed by such interventions, addressing relevant age-related factors may help improve information provision for older cancer patients.

Is a Picture Worth 1,000 Retweets? The Role of Images in the Diffusion of Public Health Messages on SNS

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During a public health crisis, officials need to disseminate information quickly and efficiently. Health communication scholars have identified social networking sites (SNS) as a potentially effective channel to distribute this information, as these relatively new platforms have large potential in terms of their reach and their ability to distribute information in a cost-effective manner. However, unlike mass media distribution, message distribution on SNS depends on whether receivers of the message amplify the message by sharing (or retweeting) it with their followers.

Recent data-driven results have focused primarily on the text components of messages that are more likely to be amplified. However, to date, no studies have examined the role images play in message amplification on SNS. In this study, we examine how images influence the amplification of public health messages on SNS during a public health crisis.

Research on visual communication suggests that using visual elements with messages should increase the effectiveness of messages, at least in terms of the ability of subjects to recall them. This claim is known as the pictorial superiority effect. This effect has been demonstrated in health messages, and research suggests that images can increase attention to and recall of health information.

However, no research to date has examined the use of images in public health messages on SNS, where success is defined by how often receivers amplify or share messages with their networks. The act of amplification increases the reach of an individual message, as those in the amplifiers' networks are exposed to the message and then have the ability to amplify the message themselves. As a result, message amplification provides a real-time measurement of the success of messages as they are released and then spread via SNS.

For this study, we analyzed the role of images in the amplification of 2,915 messages produced by 236 Twitter accounts associated with federal, state, and local public health agencies in the United States during 2014 Ebola crisis. Using content analysis techniques, we identified the types of images present in messages (no image, photographs, word graphics, and image graphics) and then used negative binomial regression to evaluate the effect of image type on amplification, while controlling for other variables (e.g., the number of followers the sender has) previous research has demonstrated influence message amplification.

Results suggest that, compared to not using visual components, using word graphics or image graphics increase amplification rates. However, using photographs may decrease amplification rates. Theoretical implications for the role of images in message success are discussed, as well as practical implications for designing effective public health messages for distribution on SNS platforms.

Is Our Relationship Stronger Than Diabetes?: Exploring the Dyadic Experiences of Type I Diabetes Illness Uncertainty

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The purpose of this study is to examine illness uncertainty as related to medical, social and personal concerns (e.g., Brashers, 2001; Brashers et al., 2001) with Type I Diabetes (T1D) individuals, their romantic partner, and the relationship. Uncertainty in Illness Theory (UIT), Mishel (1988, 1990) conceptualized uncertainty as a psychological state or cognitive condition in which individuals experience inability to make sense of medical- or illness-related events. Sources of uncertainty, or tripartite model of uncertainty, in health communication (e.g., Brashers et al., 2003; Donovan, LeFebvre, Tardif, Brown, & Love, 2014; Martin, Stone, Scott, & Brashers, 2010; Middleton, LaVoire, & Brown, 2012; Stones & Jones, 2009) reinforced three distinctions among medical, personal, and social sources of uncertainty that affect both partner and patient (Middleton, LaVoire, & Brown, 2012; Mullins, Wolfe-Christensen, Hoff Pai, Carpentier, Gillaspay, Cheek, & Page, 2007). Commonly, illness uncertainty has focused on the primary person with an acute or chronic illness; this study expands illness uncertainty sources effects on T1D individuals and their partners.

Illness uncertainty has been qualitatively explored in several contexts, even diabetes. Middleton et al. (2012) qualitatively explored illness uncertainty in Type II diabetes (T2D) from the perspective of the person with T2D. However, Type I and II diabetes and their individual and relational implications are quite different. T1D differs in form, management, and short- and long-term effects. T1D is commonly thought of as juvenile diabetes, whereas T2D diagnoses typically occur later into adulthood (Juvenile Diabetes Research Foundation, 2014). Medical implications for T1D also differ from T2D in dependence on insulin and 24/7 management, since the artificial insulin supplements what their pancreas cannot produce. The intense T1D management is 24/7; these implications cause illness and relational uncertainty with T1D individuals, their romantic partner, and their relationship.

Approximately 1.25 million have T1D with an alarming increase in the rate of roughly 40,000 people newly diagnosed yearly (Juvenile Diabetes Research Foundation, 2014). With the increasing rate of people diagnosed with T1D and health complications associated with T1D, as well as the increase of health caregiver complications, bridging the gap between illness uncertainty, romantic partners, and their health community could provide patients and their partner's better information to support relationship management (Martire et al., 2010).

We surveyed 20 couples for demographic information, relational uncertainty, medical and practitioner concerns and costs. Then T1D individuals and their romantic partners were interviewed individually and together to ascertain information about sources of medical, social, personal uncertainties (Brashers et al., 2003) and relational uncertainty (Knobloch & Solomon, 1999). Interview responses will be analyzed thematically (Blumer, 1979) using an analytic induction to both compare to previous T2D studies (Middleton et al., 2012) and highlight nuances in T1D. Furthermore, this dyadic analysis will highlight illness uncertainty experienced by both partners. The medical, social and personal concerns that T1D patients and their romantic partners have will be useful for health communication and relationship scholars and health care practitioners. Understanding the concerns that T1D patients, and their partners, have can aid in more effective diabetes and relationship management.

'It's My Job Now, I Guess': Negotiating Normative Social Support in Supporters of Young Adults with Cancer

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A cancer diagnosis often causes major biographical disruption in the lives of young adults (i.e., 18-39; YAs) and their close social network members (i.e., familial, platonic, or romantic relational partners with whom the patient/survivor has a salient relationship; SNMs). In order to integrate their illness into their lives and achieve a "new normal" following a cancer diagnosis, YAs and their close SNMs must work to reconstruct their biographies by offering, soliciting, and receiving social support. Yet, little is known about the specific social struggles that face the YA's "top supporter" (i.e., the romantic partner, family member, or friend identified by the YA as their primary supporter at diagnosis or during treatment), particularly involving their attempts to effectively support the YA and negotiate their "place" within the YA's overall support network.

To learn more about the social experience of cancer within this specific culture of health, I conducted private, open-ended narrative interviews with 21 top SNMs. I used thematic narrative analysis and Goldsmith's normative theory of social support to examine how SNMs communicate social support messages with the YA survivor and the YA's larger support network.

Findings extend interpersonal health communication theory by examining how the life disruption associated with a YA loved one's cancer diagnosis can cause support dilemmas as close SNMs jockey for newly-perceived roles and domains within the YA's support system hierarchy. Particularly for top supporters who are also YAs themselves, this disruption can cause altered relationships that must be managed to successfully fulfill their support role, such as those that occur between YA survivors' romantic partners and parents. Participants also explained the distinct responsibilities and privileges of the top supporter role and the features that separated these individuals from other secondary, but often still important, supporters. Individuals who find themselves as the top member of the YA's support constellation often feel license to monitor and critique others' support attempts when they perceive it to be unhelpful to the survivor or threatening to their own top supporter role. In some cases, top supporters act on their monitoring duties and serve as gatekeepers by limiting or buffering the negative support that could potentially reach the YA and inviting additional opportunities for positive support, based on their own perceptions of the YAs' support needs and preferences. These findings also shed additional insight into previously unexplored features of Donovan-Kicken's concept of communication work.

Participants' responses can also assist in building an effective culture of health among close SNMs of YAs, who are often overlooked as potentially needing unique services, instruction, and intervention. Top supporters may experience poor quality of life and negative psychosocial/health outcomes, which may hinder their attempts to provide effective support to the YA and manage the rest of the support network. By detailing the nature of the often implicit role negotiations that occur between YAs' supporters, medical and psychosocial practitioners may be better able to modify their approach in conversing with YA supporters and anticipating their unique needs.

It's Not Sticks and Stones Anymore: Examining Cyberbullying Awareness Public Health Campaigns

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Health campaigns serve an important purpose to educate, generate awareness, encourage healthy behaviors, or to discourage risky practices (Maibach & Parrot, 1995). Mass media campaigns have aimed to properly define bullying and cyberbullying for the public for these reasons. The CDC have labeled cyberbullying as an important public health issue, affecting millions of Americans daily (David-Ferdon & Hertz, 2009). Bullying, including cyberbullying, has been found to have long lasting physical and mental health effects (Copeland, Wolke, Angold, & Costello, 2013; van der Wal, de Wit, & Hirasing, 2003), and increased suicides (Baldry & Winkel, 2003). In a rapidly changing media environment, educating key stakeholders is an important step.

In-depth focus groups were used to understand how viewers who have little experience would understand public health awareness campaigns on cyberbullying. Five PSAs aiming to increase awareness of cyberbullying were shown to 152 undergraduate students. Participants completed both pre-test questionnaires measuring personal experiences and post-test questionnaires measuring impact and heightened awareness for instances of cyberbullying. Transcribed and coded data were analyzed for prominent themes.

Five themes emerged suggesting the PSAs properly define and portray cyberbullying to viewers: (1) cumulative harm, (2) effects of deindividuation, (3) textual persistence, (4) offline ramifications, and (5) lack of control. Participants recognized the cumulative nature of cyberbullying, that "you can't really stop it once it's out there." Victims' reactions to cyberbullying made an impression: "when you're just typing something on a computer you don't know how the other person feels." Important to these campaigns is educating the public of textual persistence online (Roberto, et al., 2014). Participants appeared aware commenting, "the imagery of these hateful words...they stay with you forever." Illustrating the offline consequences of online harassment is the main focus of these health campaigns and this appeared successful, "it's important to connect the offline with the online. People aren't just friends with school friends, there's family, friends of family...think about how hurt they would be in the long run." Lack of control, on the victim's part, was a common theme in videos and responses: "when I see all those things written up there, I realize I can't control what somebody else writes."

Findings suggest the interpersonal nature of discussing the issue was of equal if not greater importance than viewing the PSAs. 78% of participants reported thinking about the focus group, 45% had actual conversations about them, and 13.8% reported noticing more cyberbullying since the focus group. One participant wrote it "helped open my eyes towards cyberbullying. I used to never notice it, but now I'll pay more attention." Another wrote, "just because I'm in college doesn't mean I can't help." Overall, the experience urged many to "monitor" their own social media actions, reactions, and presence, a key outcome of such public health campaigns.

Results suggest despite realism issues with some campaigns, viewers understand the message of the public health campaign PSAs: what constitutes cyberbullying and its effects. Further study is necessary with other target audiences to determine long-term effectiveness and educational and behavioral outcomes.

The Lagged Effect of E-Cigarette Information Seeking on Intention to Use E-Cigarette among Youth and Young Adults

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Youth and young adults are vulnerable populations for electronic cigarette (e-cigarette) use, with e-cigarette use tripling among youth last year and remaining highest among young adult non-smokers (CDC, 2015; MedlinePlus, 2015). Exposure to health information may influence health behavior change. One form of exposure, health information seeking behavior (HISB), includes "active efforts to obtain specific information" in response to a health issue (Niederdeppe et al., 2007, p.154). Despite the rapidly growing marketing and media attention on e-cigarettes, few studies have examined the effects of HISB around e-cigarettes. Given that exposure to e-cigarette information may shape people's cognitions and behavioral intentions, we investigate with a longitudinal design how HISB for e-cigarettes influences people's intention to use e-cigarettes (INTENT), and two types of beliefs regarding e-cigarettes use - (a) whether using e-cigarettes is as harmful to oneself as using combustible cigarettes (SELFHARM), and (b) whether people's e-cigarette vapor harms others (OTHERHARM).

Data were collected in an ongoing nationally representative telephone survey of 13 - 25 year olds from June 2014 to October 2015. The participants were interviewed at Time 1 (T1), and re-interviewed at Time 2 (T2) six months later (N= 1,030). E-cigarette HISB, SELFHARM, OTHERHARM, and INTENT were measured at both T1 and T2 (Table 1*). The mean age of our sample is 17.36 (SD= 3.54), 46.4% are female, and the majority is White (57.5%).

Results showed significant lagged effects of e-cigarette HISB at T1 on INTENT and SELFHARM at T2, and a marginally significant lagged effect on OTHERHARM at T2, such that e-cigarette information seekers were more likely to intend to use e-cigarettes, perceived that using e-cigarettes is less harmful than combustible cigarettes, and were less likely to be concerned about the harmfulness of second-hand vapor (see Table 2*).

The results might be explained by a follow-up analysis of the information valence participants sought - 11.7% of participants reported that the e-cigarette information they sought was mostly negative, significantly fewer than the other two categories of information (both positive and negative, 46.2%; mostly positive, 41.2%; $p < .001$). Given that INTENT is also cross-sectionally correlated with SELFHARM ($r = -.22$, $p < .001$, T1; $r = -.28$, $p < .001$, T2) and OTHERHARM ($r = -.25$, $p < .001$, T1; $r = -.26$, $p < .001$, T2), the findings consistently suggest that the e-cigarette information youth and young adults sought, which is more likely to be pro-e-cigarette, might increase their belief that using e-cigarettes is a safe alternative to combustible cigarettes, and makes them underestimate the potential harms of e-cigarette use for both themselves and others. Pro-e-cigarette information exposure also tends to lead toward e-cigarette use, which is a public health concern, given that e-cigarettes may lead to nicotine addiction, especially in youth and young adults (Fillon, 2015; Klein, 2014). The current study is among the first efforts investigating e-cigarette HISB and its influence on harmfulness beliefs and intention to use e-cigarettes, which will provide guidance for future e-cigarette prevention campaigns.

*Note: Tables are not attached because of the submission format, but available upon request.

Managing Uncertainties and Aligning Perspectives: Elements of Everyday Conversation on Diabetes-Related Outcomes

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In the United States, diabetes is a cause of death, kidney failure and blindness, and associated with heart disease and stroke. Fortunately, diabetes can be prevented with lifestyle choices that stabilize glucose levels, but since glucose level is a moving target, persons living with diabetes (PWD) are involved in an ongoing process of sense-making.

Meanings of diabetes for PWD are constructed through interpretive processes, such as managing uncertainties, the focus of Problematic Integration (PI) theory (Babrow, 1992, 2001, 2007, 2009). PI posits that people reason about uncertainty by integrating evaluations of probability and value. Integration becomes problematic when our wants are unlikely, what we hope to avoid is likely, when ambiguity or ambivalence exists, or when impossibility limits our choices. In the diabetes context, such conditions are common as people reason about their diabetes future, integrating their uncertainty about epistemological knowledge of diabetes with the ontological nature of being in the world. Research has not examined problematic integration reasoning by PWD.

Given diabetes uncertainties, we contend that the interactions PWD have with others are important. Do PWD feel like their interactants are aligned with them about diabetes issues and identities? Thus, our study had three aims. Filling a PI gap, we asked how PWD reason about their future with diabetes (RQ1), what conversation alignments PWD have in conversations about diabetes (RQ2), and whether reasoning types and conversation alignment predict diabetes-related outcomes (RQ3).

Method. In a mixed-method design, 175 adults from diabetes-related groups completed an online questionnaire. Participants were primarily female (70.3%), white (93.1%), and middle-aged (M = 47 years). They provided narratives of a meaningful conversation about diabetes they had with another person. Open-ended questions elicited participants' broader reasoning about the conversation, diabetes, and provided support. Participants also completed instruments about diabetes-relevant behaviors.

Inductive coding procedures were used to analyze participants' narratives. Problematic integrations were analyzed for the way participants reasoned about their future with diabetes. Forms of conversation alignment perceived by the participant were also analyzed.

Results Brief. Most participants had Type 1 diabetes (73.7%), with two-thirds having health complications, but most (92%) rating their health as good. Conversations occurred within the last six months (61.1%) or year (10.9%), with spouses/partners (72.5%), or family (14.9%).

Analyses determined that reasoning about the future occurred in four forms: "I can influence the threat of complications"; can't avoid complications; can't know the possibility; and optimism. Conversation alignment occurred in seven forms, with four representing lack of alignment: Sabotage (partner excluded participant's stance), Distraction (partner challenged participant's experience), Mismatch (persons diverged in one aspect), and Silence. Three forms showed explicit alignment: Knowledge (improving understanding of diabetes), Validation, (partner legitimizing participant's perspective), and Mutuality (validation and enactment of both perspectives). Types of reasoning and conversation alignment were related to diabetes distress, empowerment, and life satisfaction; regressions, for instance, determined that outcomes were negatively predicted by "Can't avoid complications" and positively predicted by conversation alignment. Thus, epistemological forms of problematic integration predict diabetes outcomes more than ontological forms, extending PI theory.

Mechanisms of Narrative Impact in Targeted Health Communication

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Communication campaigns often include components that have been designed for a specific population, a strategy referred to as targeting. These campaigns are designed to inform and/or persuade relatively large groups of people. Thus, targeted communication combines elements of both mass and personalized message strategies. One component of a campaign that can be targeted is the story or narrative elements selected to resonate with the intended audience. Targeted narratives are story-based components of a message that feature a character or situation relevant to the intended audience. Narratives could impact behavioral outcomes through at least two paths. First, targeted narratives may be more effective if they are based on admired models. Admiration consists of two basic dimensions, admiration for moral qualities and admiration for skill (Sarapin et al., 2015). Second, targeted narratives should resonate more with the intended audience, a situation that should increase message memorability or stickiness. In other words, stories that are targeted to a particular group should be more effective insofar as they prove memorable. Though commonplace, few studies have explicated the underlying mechanisms by which targeted narratives exert influence. The existing literature largely examines targeted messaging as a contrast to other strategies such as personalized or tailored communication. Yet those same studies have found that targeted communication may be equally or more effective at changing attitudes and behaviors, and possibly more cost efficient. The present study tests both hypothesized pathways by examining how an intended audience responds to targeted narratives. In 2014, the Utah Department of Health developed a state-wide mammography campaign targeting Mormon women. The decision to target Mormon women was based on prior data showing lower screening rates within that population. Using a message evaluation study, women aged 40 - 75 ($M_{age} = 51.19$, $SD = 8.11$, $N = 316$) were exposed to one of two targeted narratives and asked to complete a measure of intention to have a mammography, were exposed to one of the targeted PSAs, and then completed measures of admiration, narrative memorability, and, once again, intention. The goal was to evaluate whether the PSAs had functioned as intended, and to test underlying mechanisms theorized to moderate (admiration) and mediate (narrative memorability) the targeted messages.

The results revealed that narratives were especially influential for women from the target population who admired the depicted models and found the stories memorable. This finding will help researchers to explicate how targeted narratives impact audiences, and provide communication practitioners in public health, advertising, and other fields with greater insight into an oft-used strategy. Bandura (2004) postulated that admired models would be more effective at changing attitudes and behaviors. The results of the present study are consistent with this hypothesis as both dimensions of admiration (moral, skill) moderated the impact of the message such that greater admiration equated to increased effect. Narrative memorability is a new construct that builds on past work examining memorable messaging. The present study found that memorability was a significant mediator, a logical finding in that messages with greater memorability should generate stronger effects.

Media Discourses on E-cigarettes: An Analysis of Chinese Newspapers

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Recent years have seen a growing concern about the marketing and consumption of electronic cigarettes (E-cigarettes). The concern is not baseless because the product is not subject to the same marketing controls as traditional tobacco products (Andrade, Hastings, & Angus, 2013). Furthermore, cutting-edge studies (e.g., Leventhal et al., 2015) reported that E-cigarette use may lead to the initiation of conventional smoking in adolescents.

To date, academic research on E-cigarette is few and far between and public understanding of the product is also limited. Against this backdrop, media has become a pivotal information purveyor for the general public on E-cigarettes. And, media coverage of the product could shape public perceptions of and responses to this thriving technology. Despite this, it is not clear how media have been portraying E-cigarettes. Neither clear is whether the general media portrayals rhyme or contradict with findings of rigorous public health research.

It is valuable to investigate how media have been constructing the discourse around E-cigarettes. Particularly, as tobacco industry has been ramping up their investment in marketing this new product, media coverage may be vulnerable to the influence of advertising and marketing efforts from the industry. Extant studies on media and E-cigarettes are mostly undertaken in western cultures (e.g., Rooke & Amos, 2014). And, such studies are often confined to a small number of newspapers and articles. As a result, generalizability of those research findings are mainly limited to western cultural and media contexts.

The current study focuses on Chinese newspaper coverage of E-cigarettes over the past years. Such an endeavor is valuable on the following grounds: first, China houses the largest population of smokers in the world. Tobacco control faces unique challenges in this culture due to the complex role the government plays in tobacco production and regulation. The current project will help shed light on the current state of tobacco control in China. Second, the system of Chinese media is different than that of most western countries. The draconian control of media, along with the delicate issue of tobacco control, could render a different discourse space on E-cigarettes. Up to today, there is a tremendous vacuum on regulating E-cigarettes across the world in general and in China in particular.

The present study is attempted to address the following questions: first, what are the major themes of Chinese newspapers on covering E-cigarettes? Second, what are the major trends and emphases in Chinese media coverage of E-cigarettes? Third, do newspapers of varying attributes (e.g., mainstream vs. non-mainstream, health-focused vs. non health-focused) differ in their coverage of the product?

To address the aforementioned questions, we employ a text-mining approach via machine learning and automatic thematic analysis. At this stage, we already collected more than one thousand media articles published in Chinese newspapers over recent two years. Preliminary findings revealed five different themes about E-cigarettes (e.g., marketing issues about E-cigarettes, regulations on the product, and health effects). More data collection and analysis will be conducted in January, and the complete paper will be finished in March.

Mode Tailoring Online Health Information: Differences in Older and Younger Adults' Website Use, Attention, and Information Recall

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Previous tailoring studies have mainly focused on adjusting message content to match recipients' individual characteristics and preferences. Although 'content tailoring' has led to positive results in the health domain, the effect sizes have been small. To increase message effectiveness, additional tailoring strategies such as 'mode tailoring' have been proposed. Preferences for the mode of information delivery (i.e., text, illustrations, and/or audiovisual) have been shown to vary across individuals. Mode tailoring is proposed to be effective, as the way in which message content is processed and recalled very much depends on how this information is delivered. Recall of information has found to be important for health-related outcomes, such as disease management. Mode tailoring may be especially relevant for groups with difficulties using and processing online health information, such as older adults. Therefore, this study tests the effect of a mode tailored health website on older and younger adults' recall of information.

A 5 (mode tailored vs. text only, text and illustrations, audiovisual, or combination of modes) x 2 (younger [25-45] vs. older [≥ 65] adults) between-subjects design was employed. In total, 544 participants from an online panel were randomly exposed to one of the five versions of a website about colorectal cancer. On the mode tailored website participants could choose their preferred mode(s), and switch modes at any time. Information recall was measured using the Netherlands Patient Information Recall Questionnaire. Attention to the website was proposed as a mediating variable, measured by time spent on the website. Tracking software was used to follow participants' actions on the mode tailored website.

For older adults, the mode tailored website improved recall of information via increased attention as compared to the websites with text-only and text with illustrations. Remarkably, younger adults recalled more from non-tailored information such as text only or text with illustrations as compared to the mode tailored website. Descriptive statistics showed that younger adults used the mode tailoring function faster and more frequently than older adults, referring to the time until first click and number of clicks to turn text, illustrations or video on and off. Furthermore, older adults were more likely to choose illustrations and video first than younger adults.

This study shows that older adults recall more from a mode tailored websites compared to a non-tailored website with text only or text with illustrations, as opposed to younger adults. The current study contributes to existing tailoring literature by showing that mode tailoring, next to content tailoring, is also important when communicating health information. Designers of health websites, or any other website aimed at information provision, should acknowledge younger and older adults' different needs for the mode of information delivery. Websites aimed at older adults should contain multiple modes, preferably adjustable to individual preferences. Failing to address the right mode of delivery ignores a factor that may influence the way people process and recall information. To gain a better insight into the features and effects of mode tailoring, additional research into the website use, website evaluation, and processing of mode tailored information is needed.

Multiple Goals for Cybercoping: A Comprehensive Content Analysis of Reasons for Creating Personal Cancer Blogs

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BACKGROUND: Online communication about chronic illnesses like cancer continues to proliferate. Accordingly, communication scholars have been investigating and explicating the widespread practices of seeking, creating, and sharing content about illness, a constellation of behaviors that has been recently theorized as "cybercoping." One of the spaces where cancer survivors cybercope is on personal cancer blogs, as they document their experiences and connect with others.

More information is needed about who blogs about cancer and why. Learning more about this form of cybercoping would enable us to consider how best to harness communication technologies to help cancer survivors. A few surveys have examined bloggers' motivations, suggesting that they are interested in sharing personal stories and encouraging fellow survivors. Yet the authors of those studies acknowledge their limitations: small, convenience samples and forced-choice self-report data. The primary purpose of the present investigation was to advance this literature by developing an empirically-based and theoretically-driven typology of reasons for cancer blogging. The second purpose was to identify characteristics of the individuals who cybercope via cancer blogs. Guided by multiple goals theories of communication, we asked the following:

RQ1a: What are cancer bloggers' reasons for blogging?

RQ1b: How do reasons for cancer blogging coincide?

RQ2a-c: To what extent are reasons associated with (a) gender, (b) cancer site, and (c) the phase of the cancer trajectory during which the blog was begun?

METHODS: Through an exhaustive and systematic online search, a comprehensive corpus of 415 cancer survivor blogs was compiled. Introductory material of each blog was coded to record reasons why survivors were blogging. Home pages and blogger profiles were reviewed to determine (a) the blogger's gender, (b) the cancer site, and (c) the phase during the illness trajectory during which the blog had been started. A series of crosstab analyses were conducted to examine the presence of coinciding reasons and the associations among reasons and demographic/illness characteristics.

RESULTS: The majority of cancer bloggers were female (82.2%), had breast cancer (50.6%), and began blogging shortly after diagnosis (41.0%) or initiating treatment (22.4%). Most blogs were started to serve as a means of personal documentation. Specifically, survivors' main reasons for blogging were to maintain a record about their illness experience (62.1%); update family and friends (27.6%); share their personal experiences with others who could learn from them (20.0%); receive cathartic benefits from journaling (17.6%); promote their careers and services (e.g., books and motivational speaking; 14.8%); generate awareness about cancer (14.5%); and motivate others with serious illnesses (11.5%). People who indicated that they blogged to document their own experiences with cancer were less likely than chance to state that they were motivated to inform others about their experiences and generate awareness about cancer. Those who intended to update family and friends were likely to say that they wanted to share personal experiences with other survivors. There was no evidence that sex predicted having particular reasons for blogging, and there was limited evidence that cancer site predicted certain reasons for blogging.

Nationwide Newspaper Coverage of Transgender Rights

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A community structure analysis compared community characteristics and nationwide coverage of transgender rights in newspapers in twenty-eight major U.S. cities, sampling all 250+ word articles from September 1, 2010 to September 1, 2015. The resulting 398 articles were coded for editorial "prominence" (placement, headline size, article length, presence of graphics) and "direction" ("favorable," "unfavorable," or "balanced/neutral" coverage), then scores were combined into each newspaper's composite "Media Vector", ranging from .7803 to -.0555 (range = .8358). Twenty five of 28 newspapers (89 percent, or approximately nine in ten) showed favorable coverage of transgender rights.

Pearson Correlations yielded thirteen significant results, the clear majority of which correlated strongly with favorable coverage of transgender rights. The "vulnerability" hypothesis (media "mirror" the interests of underprivileged groups) was robustly confirmed by three of four indicators. Higher homicide rates ($r = .531$, $p = .002$), percentages of female heads of household ($r = .391$, $p = .022$), and percentages of single parent households ($r = .356$, $p = .032$) were all positively correlated with favorable media coverage of transgender rights. Only percent uninsured disconfirmed the "vulnerability" hypothesis ($r = -0.431$, $p = 0.011$). The "buffer" hypothesis (media in privileged communities are more sympathetic towards underprivileged groups) was also partially confirmed for high percent municipal spending on health care ($r = .437$, $p = .01$) and high percentages of women in the workforce ($r = .412$, $p = .015$) also linked to favorable coverage. Other city characteristics linked to favorable coverage of transgender rights included ages 18-24 ($r = .360$, $p = .03$), and percent African Americans ($r = .321$, $p = .048$).

Significant findings emerged within the stakeholder hypothesis umbrella, confirming conventional expectations regarding belief systems and political identities. Consistent with previous research on belief systems, high percentages of Catholics ($r = .351$, $p = .033$) were linked with favorable media coverage of transgender rights, while higher percentages of Evangelicals ($r = -.417$, $p = .014$) and devotional readers ($r = -.428$, $p = .016$) were connected with negative coverage. Also consistent with previous scholarship, high percentages voting Democratic ($r = .419$, $p = .013$) were associated with positive coverage of transgender rights, voting Republican ($r = -.401$, $p = .017$) with negative coverage.

Regression analysis revealed that homicide rate accounted for an initial 29.7% of the variance, and percentage of 18 to 24 year-olds in a city (36.7%), percentage of female heads of households (8.5%), and percentage of Catholics (5.7%), combined to total 80.6 percent of the variance associated with favorable coverage of transgender rights. Contrary to conventional wisdom that media typically represent elite political or economic interests, for transgender rights media strongly mirror the interests of society's most "vulnerable" residents, including a city's youngest adults. Finding that media can reflect the interests of society's most "vulnerable" residents resonates with previous community structure books by Pollock and colleagues (2007, 2013, 2015) and several articles: legalization of abortion (Pollock, Murray and Robinson, 1978), genetically-modified food (Pollock, et. al., 2010), and immigration reform (Pollock, Gratale, Teta, et. al., 2014).

Neighborhoods and Perceived Norms: Understanding the Impact of Neighborhoods on Perceived Norms and Cancer Screening

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Background: Although people come into contact with normative information through numerous venues in their day-to-day life, the vast majority of existing research regarding sources of normative influence on health takes place in the context of specific health communication campaigns and programs, rather than the context of everyday life (Mead, Rimal, Ferrence, & Cohen, 2014; Seo & Matsaganis, 2013). Built on communication infrastructure theory, this study examines the importance of urban ethnic neighborhoods as the context of everyday life, wherein normative influences on health are formed, modified, and maintained. For a sample of Latinas from the Los Angeles County, we investigate the role of women's integrated connections to their neighborhood storytelling network, or ICSN (Kim & Ball-Rokeach, 2006; Kim, Moran, Wilkin, & Ball-Rokeach, 2011) -- consisting of residents, local/ethnic media, and community organizations -- in shaping their normative perceptions regarding cervical cancer screening and detection via Pap test. Specifically, we test the communication mechanisms through which Latinas' multiple exposures to normative information in their everyday environment influence their recall of having seen or heard information about Pap tests in the media, attention to Pap information in the media, and their discussions with healthcare professionals about Pap tests; as well as how these health communication outcomes, in turn, influence Latinas' perceived norms regarding Pap tests and their compliance with the cervical cancer screening guidelines.

Methods: Participants were Latinas who were first-generation immigrants between the ages of 21 and 50 (N=1296). Participants were recruited from clinics and community sites in Los Angeles County, and were surveyed in their preferred language about perceived norms as well as connections to communication resources (including ICSN and major English language media), the aforementioned health communication outcomes, and compliance status with the cervical cancer screening guidelines, amongst other constructs on women's health. The hypothesized communication mechanisms were assessed using structural equation modeling.

Results: The final model was a good fit to the data ($\chi^2=63.69$, $df=47$, $p=.053$; $GFI = 1$, $CFI = .98$, $NFI = .93$; $RMSEA=.018$, $90\% CI = 0$ to $.028$). ICSN, not connections to English media, had a positive association with participants' recall of having seen or heard information about Pap test in the media in the past 30 days. Media recall of Pap information was also positively associated with attention to Pap information in the media, which, in turn, was positively associated with discussions about Pap tests with healthcare professionals. Furthermore, media attention to Pap information was negatively associated with Latinas' perceived norms that it was common for other women "like them" to never have had a Pap test, but bore no association with perceived norms regarding having routine Pap tests.

Discussion: Our findings suggest that neighborhood storytelling resources hold promise for health communication research to understand the uptake of Pap tests among Latinas who are recent immigrants in Los Angeles. These findings offer useful guidance for message placement and community-level strategies in addressing not only cervical cancer screening but also health disparities in other domains that affect diverse populations and communities.

Outbreak in Indiana: An Analysis of a Public Health Crisis Response

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On February 25, 2015, the Indiana State Department of Health (ISDH) announced an outbreak of 26 new cases of human immunodeficiency virus (HIV) since December 2014 in Scott County, Indiana, with the large majority of cases linked to intravenous drug use (ISDH, 2015). By August 2015, state health officials confirmed 181 HIV cases (ISDH, 2015). According to the Centers for Disease Control (CDC) Director Tom Frieden, the town of Austin now has a higher incidence of HIV than "any country in sub-Saharan Africa" (Ungar & Kenning, 2015, para. 6). This study addresses the health and crisis communication response of the ISDH during the 2015 HIV outbreak in Austin. Communication is the linking pin between public health agencies and the communities they serve. The current study uses thematic framework analysis to evaluate the communication provided by the ISDH via press releases from February to November 2015. This qualitative method of sequential, inductive analysis is used to present the range, nature, and actions of the ISDH during the Austin outbreak crisis. Analysis revealed themes relevant to the Issues Management Process Model (IMP) dimensions of Issue Change Strategy Options and Issue Action Program (Jones & Chase, 1979). Organizations may determine strategies to approach change as driven by salient issues. These options include reactive, adaptive, dynamic, and catalytic strategies (Crabbe & Vibbert, 1985). Press release data indicates that the ISDH response to the Austin outbreak does not fit neatly into the change strategies of the IMP Model, as ISDH did not use one specific strategy. Instead, data suggests that change strategies may be a process rather than a choice made in organizational isolation. The Organization and Coordination of Resources facet of the Issue Action Program is explored to examine the inner-workings of an HIV outbreak response in small-town America. Analysis revealed the intricacy of actions taken to mitigate issues driving the HIV outbreak. Financial elements communicated in the releases include details of funding and budgeting issues. Human networks activated in the response incorporate government, community, commercial, medical, and media entities. Projects implemented by ISDH included both technological (e.g., Facebook, Twitter) and social/behavioral elements (e.g., health campaigns). Press releases were used to disseminate information about the needle exchange program, mental health services, clinical services, overcoming barriers, and community safety. By using an issues management frame to evaluate ISDH communication strategies during the Austin outbreak, recommendations are made to inform future events by identifying the complexities of implementing a needle exchange in a community where harm reduction strategies are highly debated among multiple entities. Analyzing the ISDH response to the Austin outbreak is crucial to understanding the effectiveness of communication strategies delivered by public health organizations. More research is needed to inform health communication strategies regarding HIV and intravenous drug use targeting rural cultures like that of Austin, Indiana and discover how these practices may be used to inform similar responses in areas that possess potential to experience comparable issues and subsequent public health crises.

Patient Education in High School Health and Wellness Classes: Teens Review a Video Prototype of PACE-talk Communication Training

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

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

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

The interactive module will be designed to reach the student population as four learning units following the successful PACE adult patient training design by Ohio State health communication scholar, Dr. Don Cegala, effecting a translational approach to pedagogy at the high school level. This is the very first time that PACE will be applied to the adolescent audience as part of the curriculum.

One of the major strengths of this project is that it takes patient training into a brand new arena with cutting edge technology by integrating an interactive approach into an already required health education course. This unique team utilizes a multi-disciplinary approach between some of the foremost pediatric oncologists both at the national and local level and the top scholars in health communication at the national and local level.

As preparation for the piloting of this module, we conducted an IRB-approved focus group interview with twelve high school students from a small private school in a Midwestern urban area. Students were asked for their feedback on the Medical Communication Competence Scale traditionally used for adults. Students then watched the first prototype of a video-based module with 8 short films incorporating the PACE-talk model for patient communication skills. We asked them what they especially liked about the appearance and design of the videos and what improvements they might suggest. Interviews were audio-recorded, de-identified, transcribed, and analyzed for emerging themes by two researchers. In this presentation, we will present our data and analysis, examining how these student responses were incorporated in the first iteration of the PACE-talk module for high school students.

Perceptions of Back Pain: Differences in Causal Attribution and Coping between Immigrants and Non-immigrants

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Background: This study aimed at investigating differences in back pain perceptions between immigrants and non-immigrants in the German- and Italian-speaking part of Switzerland. In particular, in how far causal attribution and related coping maxims would differ between the groups. Based on Leventhal's model of illness perceptions (1998) and previous work done by Schulz and colleagues (2013), perceived causes of back pain and coping maxims were investigated in order to understand whether culture might drive differences between the groups.

Methods: Data for this study came from a larger cross-sectional survey study that was conducted in the German- and Italian-speaking part of Switzerland. Participants had to have suffered from back pain in the 12 months prior to the study and had to belong to one of the language groups.

Measures used in the survey were based on Schulz et al.'s study (2013) and included, amongst others, items on causal attribution of factors influencing back pain. The items did not inquire about the initial cause of the back pain but asked about the factors that might influence the course of the back pain, as it was assumed that these causal attributions would be more closely linked to coping maxims. Further, coping maxims directed at the pain, as well as demographic variables of cultural affiliation were investigated for this study.

Data was analyzed for Albanian-speaking and Serbian-speaking participants, as well as for Swiss-German and Swiss-Italian participants (N=495). Items for causal attribution and coping maxims were subject to factor analysis. To investigate cultural differences average factor scores were calculated and ANOVAs were run to test for significant differences.

Results: Preliminary analysis showed that, in particular, Albanian-speaking participants were more likely than the other groups to attribute the causes of their back pain to physical stress and climate changes ($p < .05$). On the other hand, psychological stress was only for Serbian participants an important factor that influenced their back pain. For both immigrant groups the physicians' influence on the course of back pain was more important than for Swiss participants ($p < .05$). With regard to the coping maxims Swiss participants tended to score in general much lower than the immigrant groups. Swiss participants were in general less likely to adopt active coping strategies ($p < .05$), such as actively talking about their pain to others. Further Swiss participants from the Italian-speaking part were the least likely to indicate that coping with back pain was one's own individual responsibility ($p < .05$).

Discussion: Preliminary results of this study show that cultural factors, as assessed by immigration status, might have an important influence on causal attribution and coping maxims with regard to back pain. Additional analysis will further assess this relationship by investigating culture as a possible moderator in the relationship between cause and coping behavior.

Implications: This study has important implications for healthcare practitioners and policy makers. Understanding the relationship between culture, causal attribution and eventually coping behavior may inform communication with the different groups by tailoring health messages according to different cultural needs.

Physician Messages and Patient Self-efficacy: Promoting Conversationally Induced Reappraisals

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Bodie and Burleson's (2008) dual-process model for the processing and outcomes of supportive messages offers theoretical explanations for how comforting messages can result, or fail to result, in enduring positive changes in affect and behavior. Imbedded within Bodie and Burleson's model are ideas from Burleson and Goldsmith's (1998) earlier theory of conversationally induced reappraisals. At the core of cognitive reappraisals is the idea that to foster constructive emotional change within an individual about a troubling situation, others can offer comforting messages that encourage the upset individual to explore his or her feelings and ideally reframe reactions to these feelings in a way that results in enduring positive change.

In the health care setting, often patients receive news that sparks a negative emotional response. Through the use of support messages, and with varying degrees of success, physicians encourage patients and foster self-efficacy (i.e., the belief that patients do have the power and control over their conditions versus being controlled by their conditions). Can those messages actually change patients' feelings of self-efficacy? Which types of physician messages might be most effective to promote patient cognitive reappraisal that results in increased feelings of self-efficacy?

To explore physician messages and patient cognitive reappraisal of self-efficacy, we examined 36 medical interviews in which patients with diabetes and their physicians discussed how the patients' treatment plan adherence had affected their blood glucose numbers. Prior to the physician visit, patients reported the degree of self-efficacy they felt in regards to managing their diabetes, the physician visit occurred and was video-taped for analysis, and then after the visit patients were asked to rate their degree of self-efficacy again. To code the patient-physician interactions, we used the Roter Interaction Analysis System (RIAS; Roter & Larson, 2002) as the guiding framework to identify physician messages and behaviors that were then classified into one of four categories: collaboration, immediacy, information support, and social support.

Through chi-square analysis, we examined whether patients that reported increased feelings of self-efficacy post the visit received different amounts of each type of message than those who did not report a change in their feelings of self-efficacy. In visits where patients reported an increase in self-efficacy post the visit, the physicians provided more informational support ($\chi^2 = 4.9, p = .03$) and social support ($\chi^2 = 14.6, p = .0001$). There was no difference between those patients reporting increases in self-efficacy post-visit and those who did not in either physician collaboration messages or physician immediacy.

This analysis provides insights into which types of physician messages are more likely to promote patient cognitive reappraisal of their degree of self-efficacy related to diabetes management. Patients who believe they have control over their medical conditions tend to manage their conditions more effectively, which can lead to better health outcomes. This research carries important implications for training physicians on how to provide more meaningful messages in the form of informational and social support to promote self-efficacy in their patients.

Provider-Patient Communication about Cancer Screenings within Federally Qualified Health Centers in Appalachian Kentucky

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Background: Appalachian Kentucky, a region of the United States recognized for high rates of cancer, lower socioeconomic status, and healthcare professional shortage areas, experiences an undue burden of cancer. In the United States, cancer is the second leading cause of mortality, with nearly 590,000 cancer deaths estimated in 2015. Many of these cancer cases could be prevented or detected early through adherence to evidence-based cancer screenings, however, screenings for many types of cancer, including cervical, colorectal, and breast, are below national goals. Provider-patient communication, including strong and consistent provider recommendation, has been shown by previous studies to have a positive impact on the receipt of cancer screenings. Few studies have examined Appalachian Kentucky patients' perspectives of provider communication related to cancer screening, particularly in safety net clinic settings.

Objective: The goal of this study was to assess patients' perspectives on current provider-patient communication about cancer screening within an 8-clinic Federally Qualified Health Center (FQHC) in a high-poverty region of Appalachian Kentucky.

Methods: From June - September 2015, in-person interviews were conducted with 26 patients at four clinics in Appalachian Kentucky. A semi-structured interview guide was used, including questions regarding patients' assessment of providers' communication methods about cancer screening as well as patients' preferred methods for cancer screenings discussions.

Results: The majority of patients reported a household income of less than \$25,000 and health care coverage via Medicare or Medicaid, which is representative of the population in Appalachian Kentucky. Overall, patients were receptive to discussions and recommendations for cancer screenings. Several patients mentioned they were unfamiliar with cancer screening guidelines and such discussions with their provider served as reminders for needed preventative care. The majority of patients preferred messaging from their provider about cancer screenings in a straightforward, factual manner. More specifically, patients suggested that messages should include information on screening guidelines, what the screening entails, and why it is needed.

Conclusions: Given the high burden of cancer in Appalachian Kentucky, patients may be more receptive to provider recommendations about cancer screenings when provided in a routine, straightforward manner. Clinic-based interventions that enable and cue FQHC providers to proactively discuss and recommend cancer screenings may increase acceptance and receipt of cancer screenings among patients in at-risk populations.

Pulling Together Disparate Interprofessional Media Use to Create a Culture of Healthy Communication in a Pediatric Hospital

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Meena Iyer,² Terrie Hairston,² and John Luk¹**

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Interprofessional communication in hospital settings has undergone serious changes with the proliferation of communication media (Lo et al., 2012). In their review of studies examining pagers and smartphones in medicine, Ozdalga and colleagues (2012) argued that although early research is promising, scholars have only scratched the surface of what really happens when healthcare professionals communicate using technology. With the increasing focus on changing the culture of healthcare organizations to be more patient-centered (Aiken et al., 2012; Roter & Hall, 2011), it is important to understand how communication media impact teamwork and patient care. Given the importance of collaborative, team-based patient-centered caregiving, research should consider (a) how healthcare providers use multiple technologies when communicating, and (b) how members of different healthcare professions use technology to communicate. To do so, our research relies on the theoretical framework of communication media repertoires (CMRs; Watson-Manheim & Belanger, 2007). We use this to structure our analysis that answers this research question: how do communication media repertoires enable and constrain interprofessional communication?

The site chosen for this study was a teaching hospital in a large metropolitan city in the southwestern US. To address our research question, we used a combination of data-gathering approaches that produced 350 pages of double-spaced transcripts and fieldnotes comprised of text and drawings. Specifically, we attended two interprofessional team workshops, joined the interprofessional communication improvement team, and conducted nine focus groups, clustered according to professional group: nursing (4), hospitalists (2), residents (2), and pharmacy (1). We also conducted 25 hours of observations of the workflows of these healthcare professionals.

The data were analyzed by three team members, each immersed in a single healthcare professional group to not only code, but to create organizing structures representative of each professional group. An open-coding phase generated 180 codes that represented phrases and concepts in the data pertaining to our research question. The researchers synthesized these codes through focused coding (Charmaz, 2006). The team's approach emphasized constant comparison (Glaser & Strauss, 1967), wherein each category was organized based on its theoretical and practical similarity to the other categories.

Communication media repertoires (CMRs) reflected inter and intra professional differences in media use. When the repertoires of different professionals overlapped, such as during the coordination of patient care, we found that interprofessional roles were reified through work flow patterns, anonymity, perceptions of communication media use acceptability, and reliance on others. Nurses, the primary patient contact, operated under conditions of sequential interdependence, asking questions and waiting for decisions. The pharmacists processed their work in an assembly-line fashion with the goal of maintaining medication safety. The results also highlighted how physicians—hospitalists and residents—used technology in different ways. Although the CMRs of hospitalists and residents differed, their communication objectives converged in that their repertoires function to get information and make decisions. Our findings suggest that interprofessional teams consider developing Team CMRs and focus on common goals to overcome repertoire differences and address the increasing emphasis on collaborative, team-based patient-centered care.

Race and Gender of Healthcare Professionals on Network TV

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Concerns are regularly raised regarding the portrayal of racial and ethnic minority groups in the media (Dixon, 2009). A substantial body of content analytic work has demonstrated that news and entertainment programming offers largely negative depictions of diverse groups, varying based on the type of content and the particular group (Tukachinsky, et al., 2015). Most of these studies have documented negative portrayals of people of color in the media (see Mastro, 2009 for review), leaving a gap in this literature regarding positive portrayals of minority groups. Race-related content analyses also tend to focus upon one group only, typically males who are Black, leaving another gap in our research knowledge. Finally, like much other content analytic work, research dealing with depictions of race tends to focus upon one medium or message type at a time. For example, landmark content analytic work from Dixon and Linz (2000a, 2000b) was conducted using local TV news only. In order to maximize comparability between message types (e.g., local news and national news; comedies and dramas) and comparability between several racial groups is to have the same coders assess multiple message types and racial groups simultaneously. A study that examines positive portrayals of multiple racial and ethnic groups in a sample that includes multiple message types would provide much needed data to fill three important gaps in the current status of our knowledge. A large scale study of healthcare professionals in network TV was conducted to help fill the gap regarding positive portrayals of people of color.

The four largest television networks (currently NBC, CBS, ABC, and FOX) were sampled by selecting seven dates (one random Monday, one random Tuesday, etc.) per month for four months. On each sampled date, four six-hour blocks of programming (i.e., 12 a.m. to 6 a.m., 6 a.m. to 12 p.m., etc.) were recorded, resulting in 28 total 24-hour days of network TV programming and each network being represented at each time period and on each day of the week. After sufficient reliability was achieved on one full day of video, the remaining 27 days of content were evenly divided between the two coders for final coding. These data come from the first six total days (in hours, more than 20% of the total sample). More coding has been completed and will be analyzed for presentation in April. Cohen's Kappa ranged from .93 to 1.0 on all measures. Race and outward gender presentation was coded, as was Doctor/Nurse and veterinarian.

White male doctor/nurses received the most coverage (163 minutes, $n = 493$), followed by White females (79 minutes, $n = 449$), Black males (66 minutes, $n = 263$), Black females (47 minutes, $n = 331$), Asian females (10 minutes, $n = 51$), Asian males (3 minutes, $n = 24$), and Hispanic/Latina/Latino males (1 minute, $n = 3$). White male veterinarians (1.5 minutes, $n = 8$) were less present than White females (2.4 minutes, $n = 29$), but no racial groups other than Whites were presented as veterinarians.

"A Rape on Campus": Coverage of a False Rape in the Media and Cultivation Effects

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Background: Sexual assault on campuses is a nation-wide problem, yet there is vast underreporting. While universities are increasingly being held accountable for the way they handle the issue, the media are also coming under scrutiny for their role in reporting sexual assaults and potential outcomes. Recently, Rolling Stone reported a story of an alleged gang rape of a freshman by students of the Phi Kappa Psi fraternity at the University of Virginia. An independent review by the Columbia School of Journalism determined there was erroneous fact checking at every reporting stage, and the article was retracted. Public criticism of Rolling Stone's journalistic integrity has been high, with some health practitioners voicing fear that the reporting will have a negative impact on society's perception of rape victims (believing they falsify reports) and, consequently, on individuals' willingness to report rape. It is known that the images and stories the media present about crime can affect individuals' fear of crime and the stereotypes held about crime victims and perpetrators. Cultivation studies have examined sexual assault and found that higher exposure to sexual violence in crime dramas correlates with higher perceived risk of crime, but these studies have not empirically assessed whether exposure to erroneous stories about sexual assault might negatively affect perceptions of rape victims and willingness to report sexual assault and support tighter sexual assault reporting measures, as feared. Purpose: Using cultivation analysis as the framework, the study purpose was to assess whether higher levels of exposure to stories about the Rolling Stone reporting of an erroneous rape assault on a college campus might impact risk perceptions of rape, attitudes toward rape victims, willingness to report rape and intentions to support stricter reporting policies differently from those with lower exposure. Methods: The study surveyed 250 students, male and female, at a Midwestern university to measure exposure to Rolling Stone stories' impact on the dependent variables. Effects were measured with hierarchical multiple regression that entered control (demographic) and predictor variables in separate stages. Results: After removing variance for control variables, results showed that higher levels of exposure to Rolling Stone stories were correlated with higher risk estimates that rape is a major problem on campus, that someone known may be raped on campus, and that rape is higher among college students. Higher exposure was also correlated with greater belief that women make false claims of rape and greater willingness to support increased training for journalists. Higher exposure did not affect one's willingness to report his/her own assault or that of another's. Conclusion: Results indicated that students may think more negatively about the veracity of women's reports of sexual assault from exposure to stories about falsified rape claims. Exposure levels to coverage of invalidated assault claims may not, however, affect willingness to report sexual assaults. Results serve as a pilot for understanding the effects of journalistic coverage of sexual assault and its implications on audience attitudes and behaviors to improve the culture of sexual assault reporting.

The Red Flag Campaign: A Theory-Based Approach to Dating Violence Awareness and Prevention

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Dating violence (DV) is one of the most common public health problems facing U.S. college students, with nearly 1 in 3 students reporting DV by a previous partner, and 1 in 5 reporting violence by a current partner [1, 2]. However, violence and abuse that occur in the context of a relationship are usually labeled as "domestic," a term that college students often associate with marriages and long-term relationships, not dating or other casual relationships ("hookups"). As a result, DV among college students often goes unrecognized and underreported. According to the 2011 College Dating Violence and Abuse Poll, 32% of college students said they are "not at all or not very knowledgeable" about the warning signs of DV, 57% said it's "very or somewhat difficult" to identify dating violence and 58% said they don't know what to do to help someone who is a victim of dating abuse [1]. Consequentially, among college students who have experienced DV, 70% said they were not aware at the time that they were in an abusive relationship, 60% said that no one had stepped up to help, and 42% did not tell anyone about it.

The Red Flag Campaign (RFC) is one of only a few programs nationwide designed specifically to promote the prevention of DV on college campuses [3]. The RFC was the first statewide public awareness campaign to promote the prevention of DV on Virginia's college campuses, and has since spread to nearly 400 college campuses across the United States and abroad. Dually informed by the Theory of Planned Behavior [4] and the bystander approach to violence prevention [5], the campaign employs a variety of strategies to encourage friends and other campus community members to "say something" when they see warning signs or "red flags" for DV. According to the TPB, potential bystanders are more likely to take action to prevent DV if they have a favorable attitude toward intervening; believe that peers and other important people would approve if they intervened; feel confident they have the skills and ability to effectively intervene; and have a strong intention to intervene [4].

The present study first describes the theoretical framework guiding the design of the RFC and discusses the importance of using theory in message and campaign development. We then describe the development of the first evidence-based, theoretically grounded evaluation instrument designed to assess key RFC outcome measures, including bystander attitudes, norms, efficacy, intentions, and behavior. Finally, we present the results (including psychometrics) of a recently-completed outcome evaluation, using this measurement tool, with a random sample of college freshmen. The findings from this study demonstrate the value in framing an awareness program like RFC through a clearly-defined theoretical lens in order to provide rich insight to guide more effective testing of materials, interventions, and future messaging.

Reducing or Managing Hereditary Cancer Risk: Examining BRCA Patients' Uncertain Health Experiences Regarding Preventative Decision-Making

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Women with a harmful mutation in the BRCA gene are at significantly increased risk of developing hereditary breast and ovarian cancer (HBOC) during their lifetime—creating uncertainty in anticipation of the likelihood they will develop cancer. Although some research has examined BRCA-positive carriers' experiences with genetic testing and satisfaction about cancer risk-reducing strategies (i.e., preventative bilateral mastectomy), little is understood about why and how such patients make health decisions. The purpose of this study was to analyze how BRCA-positive patients' uncertainties influence their health decisions.

Previous research indicates BRCA-positive patients experience medical uncertainty (i.e., an unknown future cancer diagnosis, cancer screening appointments, and personal cancer scares) and familial uncertainty (i.e., family cancer memories and motherhood). Thus, the following research question guided this study: In what ways do BRCA-positive patients' medical and familial uncertainties influence the health decisions they make?

To understand how BRCA-positive patients' decision-making is connected to sources of uncertainty, 45 qualitative, semi-structured interviews were conducted with BRCA-positive patients. Participants were recruited through a non-profit organization called Facing Our Risk of Cancer Empowered's (FORCE) social media pages. Interviews were conducted over the phone and lasted between 30 and 90 minutes. To compile the data, interview transcriptions were analyzed using a "selective approach." Then the constant comparison method was used to code the interview data and create a codebook, which was then used to recode all the transcripts. Member checks were conducted, and reflexivity journals were recorded to increase the results' credibility, consistency, and ultimately transferability of the study.

Examination of BRCA-positive patients' sources of uncertainty and decision-making regarding HBOC revealed two visual decision pathways—surgical (i.e., preventative bilateral mastectomy, preventative hysterectomy, and preventative salpingo-oophorectomy) and nonsurgical (i.e., increased surveillance and chemoprevention). The first decision pathway was surgical interventions. BRCA-positive patients who worried about when they might get cancer, experienced anxiety during cancer screening appointments, found possible cancer spots or lumps, were traumatized by family cancer memories, and had children chose preventative surgeries because they believed the surgeries would reduce their medical and familial uncertainties. The second decision pathway was a nonsurgical intervention. In contrast to the first decision pathway where BRCA-positive patients perceived preventative surgeries reduced their uncertainties, nonsurgical decisions managed uncertainty sources because these patients had not had children yet (or wanted more) and were still attached to their breasts and ovaries.

In short, the identified pathways demonstrate uncertainty's immense power on BRCA-positive patients' decision-making and reveal a "nexus of decision-making." This research answers Politi and Street's (2011) call for conducting studies that examine communication, uncertainty, and decision-making and show the nuances between the reduction of uncertainty and the management of uncertainty in cancer care. Practical recommendations for patient-provider communication are offered in the form of a decision-making pathway tree.

The Relationship between Condom Access and Sexual Risk Behaviors among Black College Women: Implications for Health Communication

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Young Black women are disproportionately at risk for HIV/STIs. Condoms can prevent the transmission of many STIs, but lack of easy access and psychosocial barriers to condom acquisition may hinder their use. Condom use is a behavior that requires a product - a condom - and is strongly influenced by a person's perceived and actual abilities to obtain and carry condoms. Students at Historically Black Colleges and Universities (HBCUs) have described difficulties obtaining condoms on campus. When condoms are available, it is usually on a limited basis. Students also felt embarrassed, and some feared the lack of confidentiality when obtaining condoms from campus health clinics. Studies show that embarrassed people obtain, carry and use fewer condoms. Condom acceptability (i.e. embarrassment) reduces a person's ability to obtain condoms and increases risk of adverse sexual health outcomes. Therefore, interventions are urgently needed to reduce structural, social and psychosocial barriers to condom acquisition.

The current paper reports baseline survey data from an innovative, longitudinal intervention study that combines condom distribution (via dispensers with free condoms) with "point-of-access" messaging (posters on the dispensers) to reduce stigma and embarrassment, increase condom acquisition, and ultimately increase condom use among young Black women attending an all-female HBCU in the Southern United States. We enrolled N=195 participants at baseline (M_{age}=19.62; SD=1.49) and examined their perceptions of availability, accessibility and acceptability (i.e. comfort or embarrassment) of condoms on campus, as well as condom acquisition and use of condoms.

Results indicated that students perceived condoms to be somewhat available (M=3.40; SD=1.24) and accessible (M=3.87; SD=1.19) on campus, and also felt somewhat accepting obtaining condoms (M=3.86; SD=1.00). Although 51% of students said they had obtained condoms in the past 3 months, 69% said they rarely or never carry condoms or keep them handy. Almost half of students (44%) said they did not use a condom at last sexual intercourse. Student reported varied intentions to obtain (M=3.78; SD=1.26), carry (M=3.66; SD=1.32), and use (M=3.81; SD=1.37) condoms. In correlational analyses, greater acceptability of condoms was significantly associated with having obtained condoms and with frequency of carrying condoms. Carrying condoms was significantly associated with condom use at last sex. In multivariate regression analysis, condom acceptability, frequency of carrying condoms, and condom attitudes predicted condom use.

These baseline results indicate that there is much room for improvement with regard to condom access and use among HBCU students. The 3-month intervention currently underway will reveal whether the combined condom distribution and health communication intervention will increase positive perceptions of and access to condoms. Thus far, these data suggest that acceptability may play an important role when it comes to condom acquisition among young Black women. These data also indicate that for young women who intend to use condoms, increasing condom access (availability, accessibility, acceptability) may further facilitate turning intentions to use condoms into action. This intervention, therefore, has the potential to normalize condom acquisition among young Black women and reduce risky sexual behaviors. Implications for HIV prevention health communication interventions will be discussed.

The Relationship between Perceptions of Anti-tobacco Public Service Announcements and Sensation Seeking among College Students: A Preliminary Analysis

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Cigarette smoking has been the target of multiple health campaigns, especially since the release of multiple new tobacco-related products. These campaigns target adolescents/young adults by using various persuasive approaches, but, not surprisingly, such messages often generate significantly different emotional reactions from viewers. One way to perhaps understand these differing responses to the same message is via the concept of sensation seeking, a personality trait defined as the desire for varied, novel and intense experiences and feelings, coupled with a willingness to assume the risk associated with such experiences (Zuckerman, 1979).

Studies (Horvath & Zuckerman, 1993; Lang, Shin & Lee, 2005) have shown people who are high sensation seekers (HSS) are more likely to engage in risky health-related behaviors. However, there are relatively few studies that examine the relationship between adolescent emotional response to anti-tobacco PSAs, smoking habits, and sensation seeking. This study begins to fill that gap.

Using a set of questions designed by the primary author, 460 undergraduates enrolled in introductory communication courses were assessed regarding their sensation seeking level as well as their emotional response to each of four professional PSAs (2 rated "high" in Perceived Message Sensation Value (PMSV), and 2 "low" in PMSV). PSAs were selected from a group of approximately 50 recent anti-tobacco advertisements, and were then classified via an established PMSV coding process to insure PSAs both high and low in PMSV were included. For example, one "low PMSV" PSA depicted a woman in a neonatal intensive care unit describing the birth of her premature baby, linked to cigarette use during pregnancy, whereas one "high PMSV" PSA showed a man extracting a tooth with a pliers in order to purchase cigarettes. Data gathered examined the relationships between respondent smoking habits, their self-reported level of sensation seeking (HSS vs. LSS), the PMSV of the PSAs, respondent demographics (gender, age and class standing), and the perceived impact of each PSA.

Respondents ranged in age from 18-38 ($M=19.46$), and were relatively evenly split by gender (Males=52.9%; Females=47.1%). Over half (56%; $n=278$) had used a tobacco product at some point (average age of first use=17); however, only 4% currently smoke ($n=23$), which is below the average of 7% reported in other studies.

Respondents completed the Stephenson, Hoyle, Palmgreen & Slater 4-item measure of sensation seeking (2003). Scores were then summed to yield a range of 4 to 20, higher scores associated with greater sensation seeking. Overall, the group averaged 13.19, with males significantly higher than females (14.77 vs. 12.94), a result consistent with prior literature.

The 2 "high PMSV" PSAs were rated more highly on a "PSA impact" scale which included 5, disagree/agree 5-point items, ultimately summed (range = 5-25). The two "low PMSV" PSAs scored 11.83 and 17.11 while the two "high PMSV" PSAs scored 20.39 and 20.93. Respondents who had not used tobacco products within the past 30 days rated the "high PMSV" PSAs significantly higher than those who had used tobacco products.

Freshmen and sophomore students are at increased risk of becoming smokers. The new-found freedom of campus life, coupled with one's level of sensation seeking, can lead to tobacco experimentation, oftentimes leading to an addiction prior to age 26, with a low probability of quitting thereafter (U.S. Department of Health & Human Services, 2012). Therefore, persuading such students to refrain from smoking, via the use of appropriately targeted messages, can make a real contribution to their long-term health. Clearly, more research is needed to guide the creation and distribution of appropriate, effective anti-smoking materials.

Reports of Health Misinformation in Chinese Newspapers: A Worrying Landscape of Health Communication

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The inundation of health misinformation (HMI) has become a severe public health problem in China. HMI refers to the explicitly false health information, opposite to scientific health information, according to "expert consensus contemporaneous with the time period of this study" (Tan, Lee & Chae, 2015, p.675). HMI not only prevents the public from developing correct perceptions of health problems, but also leads to belief echoes, which makes the corrections of misinformation difficult and expensive (Southwell & Thorson, 2015). Despite the corpus of researches focusing on Chinese health communication, few studies have taken a close examination of the HMI in China. To fill this gap in the literature, the current study will look at what HMI is reported in Chinese mainstream newspapers, and how the HMI is distributed across sources and periods of time..

This study employs the methods of content analysis and textual analysis to inspect reports of HMI from commercial newspapers (i.e., Yangcheng Evening News, Chutian Metropolis Daily) and medical professional newspapers (i.e., The Health News, Chinese Medicine) in Mainland China during 2010-2014. These four newspapers are all very popular in China and own a very large scale of readers. We constructed 6 composite weeks in every year to sample for the four newspapers, and 106 reports were collected for the two commercial newspapers while 136 reports from the two medical professional newspapers. Variables including report title, report subject, information sources, reports' attitude towards HMI, behavior recommendations and frameworks were examined to implement content analysis.

We found life-preserving information (or "Yangsheng"), which lasts for thousands of years in Chinese traditional culture, is a major source of HMI. HMI appears most frequently in traditional Chinese medicine prescription, folk traditional therapy and folk prescription for diet. Many self-claimed "media experts" lacking of professionalism and public concern have provided a lot of HMI regarding life-preserving (or "Yangsheng"). There are more HMI in the commercial newspapers than that in medical professional newspapers (counted 56.2% to 43.8%). In the commercial newspapers, they could be potentially more harmful in the name of communicating health knowledge and being delivered in an entertaining way. But during the festival periods such as the Winter Solstice (or "Dongzhi"), medical professional newspapers also spread some HMI from the perspective of health tips or being affectionate to the people. Among the first efforts investigating the HMI in China, this study contributes to a better understanding of HMI in the Chinese newspapers, and provides guidance for regulating HMI. Given that HMI is difficult to identify, future research could explore the features of HMI and provide guidance for the public to identify HMI.

Risk Perception and Past behavior as Moderators of Attitudinal and Normative effects on Influenza Vaccination Intention

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Objective: Many Theory of Planned Behavior (TPB) studies on determinants of health behaviors demonstrated that attitude, subjective norm (SN), and perceived behavioral control (PBC) correlated with health behaviors. The author hypothesized, however, that PBC correlates with influenza vaccination behavior much less than do attitude and SN because flu vaccination is relatively volitional (hypothesis 1). Although PBC can moderate attitudinal and normative effects on non-volitional health behavior (e.g., quit-smoking behavior), it is less likely to be a moderator in flu vaccination behavior (hypothesis 1-1) because most of participants believe that they may control vaccination intention.

Although TPB studies rarely assess risk perception, perceived risk is central to most health behavioral theories. One of the purposes of the study is to examine the role of risk perception toward the flu in predicting influenza vaccination intention. Most studies consider risk perception as a direct predictive variable of health behaviors. However, this does not take into account the way in which risk perception moderates the influence of attitude and SN. This study, therefore, investigated risk perception as a moderator (hypothesis 2). It would be expected that when people have high or low risk perception, attitude and SN would be less likely to affect vaccination intention because their risk perception determines the motivations to get vaccinated. However, People with medium level of risk perception would tend to rely more on their attitude and SN before they decide on vaccination intention.

The author expected that past behavior for flu vaccination could be a linear moderator (hypothesis 3). If people got vaccinated annually over the last several years, the intention to get a vaccine should be almost automatic. In contrast, people who got vaccinated infrequently would rely more on their attitude and SN before they form a vaccination intention.

Design: Cross-sectional study in which 195 college students responded to a self-reported influenza vaccination questionnaire in November, 2015. College students were used in this research because college students are at a particularly high risk of getting and spreading the flu because of exposure to high-touch areas like classrooms.

Result: PBC was a weaker predictor ($b=.104$, $p<.05$) of intention than was attitude ($b=.316$, $p<.001$) and SN ($b=.536$, $p<.001$) (hypothesis 1 supported). Moderated regression analysis revealed that PBC did not moderate attitudinal ($b=.0145$, n.s.) and normative effects ($b=.0381$, n.s.) (hypothesis 1-1 supported). Results demonstrated that risk perception moderated normative effects in a non-linear way. The regression coefficient of SN ($b=.94$) with vaccination intention for students with medium risk perception are statistically stronger than those for students with high ($b=.16$) and low risk perception ($b=.61$). However, risk perception moderated attitudinal effects in a linear way, since regression coefficients for interaction term was statistically significant ($b=-.019$, $p<.05$) (hypothesis 2 partially supported). Moderated regression analyses showed that past behavior interacted with attitude ($b=-.038$, $p<.05$) and SN ($b=-.054$, $p<.05$) in the expected direction (hypothesis 3 supported).

R U Tanning? The Relationships Between Female Adolescents' Media Use, Indoor Tanning Beliefs, and Behavioral Intentions

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Although previous work has established that factors such as gender, appearance motivation, social norms, and parental approval are correlated with adolescent indoor tanning behavior, research to date has not empirically examined the link between media exposure and indoor tanning beliefs and intentions amongst this population. Based on social cognitive theory, media and peers may model dangerous tanning behaviors and shape beliefs that impact behavior. A large-scale 2015 study of American teenagers found that they spend, on average, 9 hours per day using media. Such high usage, combined with previous findings that media acts as a "super peer" for adolescents, suggest that researchers need to study media use to potentially have a better understanding of adolescents' indoor tanning belief systems.

Moreover, while there is ample work on indoor tanning behaviors in young adults, much less is known about these behaviors amongst adolescents, even though use of tanning beds begins in adolescence and tanning at younger ages causes more damage to immature skin. The purpose of the present study was to better understand how media use is related to, and may influence, indoor tanning beliefs and behavioral intentions.

To test the relationships among media use, indoor tanning beliefs, and intentions, a survey of female adolescents ages 15-18 (N = 510) was conducted. Respondents were recruited from high schools and cheerleading squads in the Southeastern United States and received a \$10 gift card for their participation.

Bivariate correlations revealed that use of interpersonal-oriented media (talking on the phone, texting, and using social media) were significantly positively associated with positive outcome beliefs related to indoor tanning, and significantly negatively associated with negative outcome beliefs related to indoor tanning. However, there were virtually no significant correlations between mass media use (entertainment media, news media, and magazine use) and any outcome beliefs.

In order to assess how media may impact intentions to tan indoors, we ran three separate path analyses. These analyses found that use of interpersonal-oriented media did not have a direct effect on tanning intentions but did have a significant ($p < .05$) indirect effect on this outcome via its positive impact on positive outcome beliefs and negative impact on negative outcome beliefs. Consistent with previous research, positive outcome beliefs led to increased intent to tan indoors while negative outcome beliefs decreased intent to undertake this cancer-causing behavior. These same models calculated with mass media and total media use found no significant results. In sum, this study finds empirical evidence of a significant relationship between interpersonal/social media use and adolescent indoor tanning beliefs and intentions, whereas mass media had no significant associations with indoor tanning beliefs or intentions. Messages aimed at decreasing adolescent indoor tanning could benefit from employing interpersonal/social media channels as well as promoting messages that aim to counter positive beliefs and boost negative beliefs related to indoor tanning.

Severity of Depression Affects Memory for Gain and Loss Help-Seeking Messages

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One in three U.S. college students report symptoms of depression so severe that it is difficult to function, marking mental illness as one of the most significant health problems in this population (ACHA, 2014). Tragically, many students are not seeking help (Keeler et al., 2014), resulting in isolation, worsening of symptoms, and in some cases, suicide (CDC, 2015). In response to this crisis, mental health interventions have promoted help-seeking for depression symptoms, but little is known about how depressed individuals process such messages- insights that are critically needed for effectively tailoring mental health communication interventions (cf. Rimer & Kreuter, 2006).

Perhaps most important to consider in this context is whether and what individuals actually remember from help-seeking messages, as any ultimate message effect depends on storage of message information in memory (Lang, 2006). Depression is associated with a negativity bias that leads depressed individuals to focus on negative stimuli or interpret neutral stimuli negatively (Rozin & Royzman, 2001), which implies that depressed people's memory for help-seeking messages is more negatively valenced than people who are less affected by depression. Principles from gain and loss framing are useful to test this possibility: Depressed people may have better memory for loss framed help-seeking messages whereas non-depressed people, who should not be affected by a negative filter, should have better memory for gain-framed messages that promote help-seeking.

We sought to test this possibility. We assessed depression levels among 154 college students who next viewed either a gain-framed message that described the positive outcomes of help-seeking for depression and visually portrayed students who showed positive affective cues, or a loss-framed message that described the negative outcomes of not seeking help and portrayed students who showed negative affective cues. After exposure we asked participants to write down what they remembered from the message.

We qualitatively analyzed the data in order to identify memory themes within groups differentially affected by depression. We found that mildly to moderately depressed participants ($n = 101$) had good memory for detailed gain-framed arguments and poor memory for loss-framed arguments, and better memory for positive than negative affective cues. In contrast, those suffering from moderately severe to severe depression symptoms ($n = 51$) had poor memory for gain-framed arguments, but detailed memory for loss-framed arguments, and better memory for negative than for positive affective cues.

Our qualitative analysis had an exploratory aim, and generalization of our findings thus is not (yet) warranted. True to the objective of our study, however, the findings highlight the importance of considering memory effects as a function of the nature of depression in mental health communication research. The possibility that depression affects memory patterns and interpretational processes of affective message, has significant implications for depression help-seeking message design. Our findings thus importantly inform the research agenda on health communication in the depression domain.

"Simply Boils Down to Mistrust": African Americans' Beliefs Toward Organ Donation

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African Americans compose 29.9% of the waiting list candidates on the national transplant waiting list, but only 18.4% of national transplants and 12.2% of deceased organ donors. A major factor driving this discrepancy is the relatively low number of African American donors. In order to ensure the accessibility of transplantable organs for African Americans on the national transplant waiting list, increasing the number of African Americans who are registered as organ donors is crucial. However, in attempting to understand African Americans' reluctance towards donation registration, current scholarship is limited by an overreliance on cross-sectional surveys with closed-ended items.

Method: Focus groups (n = 5) were conducted in Chicago, Illinois by two African American moderators. Analysis of transcripts was completed inductively, allowing the health belief model to guide interpretation, while remaining open to other emerging categories.

Results: A total of 62 African Americans participated in the focus groups. Participants ranged in age between 18 and 75 years old with a mean age of 51. Most participants were female (84%). Approximately one-third of the participants were registered organ donors.

Severity. Participants overwhelmingly expressed awareness of the need for organ donation, particularly the need for kidney donors within the African American community; some participants, however, were skeptical.

Susceptibility. Many participants reported personal experiences with organ donation and thus felt susceptible to the needs of organ donation.

Benefits. Participants viewed organ donation as a way to save lives, help people live longer, and live better. Organ donation was also viewed as an act of love. Participants articulated rational arguments in support of registering as an organ donor (e.g. "you can't take it with you"), as well as the ability to give back.

Barriers. Barriers were overwhelmingly the most prevalent theme. Participants expressed concern about fairness in organ allocation system, concern about the deservingness of recipients, negative personal experiences with donation, lack of education on the issue, non-cognitive factors including expressed disgust and superstitions favoring a sudden death following registering as an organ donor, and perceived disqualification as major barriers. Mistrust was highly prevalent; participants' responses reflected great mistrust of the medical establishment, as well as general mistrust due to oppression of the African American community.

Self-Efficacy Participants generally felt the act of registering as an organ donor was easy, whereas the decision to become an organ donor is much more complicated and difficult.

Cues to Action Participants relayed both cues to action they had experienced as well as suggested message designs for future campaign materials.

Discussion: This study provides an in-depth look at the subjective experiences of African Americans' beliefs toward organ donation. Although participants generally were aware of the magnitude of the problem, and perceived similar benefits of donation, much of the conversations revolved around the many perceived barriers to organ donation within the African American community. Particularly salient themes were issues of mistrust and lack of education about the organ allocation and transplantation process. Our data have clear implications for targeted communication campaigns aimed at promoting organ donation within African American communities.

Social Media as the Grapevine: Health-related Rumors on WeChat in China

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Rumors have been of perennial interest in social research. Typically defined as unconfirmed propositions or hypotheses, rumors help people construct sensible interpretations of particular situations under circumstances of ambiguity and uncertainty. As rumors may occur under drastically different conditions, they have been studied under variegated forms and contents. Additionally, rumoring has been connected to a number of cultural, social, and circumstantial factors. Because health in relation to public and individual outcomes is a significant part of everyday life in all societies, health-related rumor mongering has been a well-documented line of scholarly inquiry.

This study investigates health-related rumors that take place on WeChat, the most popular social media platform in China built on mobile text and voice messaging services interconnecting over a billion accounts and 600 million active users (as of August 2015). While interpersonal channels of communication were the dominant mode of rumor dissemination in the pre-Internet era, networked technologies have introduced new dynamics in the rumoring process nowadays. In particular, because WeChat thrives on interpersonal networks, its enormous reach and unsurpassed speed can create fertile ground for rumoring, as demonstrated in our research.

Due to the persistent prevalence of rumors of all sorts, WeChat has created its own rumor detection mechanism through encouraging average users to submit clues on ongoing rumors via an easy-to-use WeChat click-and-submit app available to all WeChat users. The data that inspires our research comes from a collection of rumors that have been voluntarily turned in to WeChat by the general public dated from February 2012 through November 2014. We obtained the data through an institutional data-sharing agreement with WeChat, and only those rumors that pertain to health-related topics are selected for our analysis.

We discern four broad types of rumors: those that relate to the different aspects (etiological cause, treatment, and prevention) of multiple kinds of diseases and illnesses; those that touch upon various allegedly healthy lifestyles and dietary habits; those that pander to the public concerns of food safety in connection to a wide range of commercial products; and those that attribute unverified therapeutic outcomes to food and nutrition agents. We develop a typological scheme in further classifying each of the three broad types of rumors, and discuss each subcategory in detail in both content and form.

Our discussion pays particular attention to superstitious medical beliefs and folk health practices deeply grounded in traditional Chinese culture and Traditional Chinese Medicine (TCM). We also highlight our findings in the particularities of China's socio-political climate. For example, the controlled nature of China's information environment and inaction by state-orchestrated media are conducive to certain types of rumor activities under certain circumstances. We also scrutinize patterns of longitudinal fluctuations in both the volume and type of rumor occurrences during the time frame the data corpus covers.

Spartans Travel In Sync: Applying Self-determination Theory to a Campus-wide Bicycle Safety Intervention

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In the United States (U.S.), bicycle safety is a growing concern on university campuses. University students, among the most likely to bicycle (Pucher et al., 2011), commute daily to and from campuses alongside a large number of pedestrians and motorists, creating a concentrated multimodal transportation environment that poses a particular risk for bicyclists (Grembek et al., 2014). Research regarding university bicycle safety has focused on optimizing traffic infrastructure (Balsas, 2002; Dobbs, 2009; Kerr et al., 2013), but little has been done to target the behaviors of bicyclists directly. Our poster will present observational, focus group, and survey data gathered to launch a safety campaign on the campus of Michigan State University (MSU). Our poster will also include descriptions and visuals of pilot intervention activities integrating self-determination theory (SDT) constructs as a strategy to increase the use of bike lanes on the MSU campus.

Observational data were collected to identify students' current bicycling behaviors at MSU at three locations on MSU's campus over a three day period. Key behavioral observations included designated bike lane use and bicyclist use of pedestrian sidewalks. A vast majority (92%) of student bicyclists were observed riding on sidewalks, while only 12% were observed using bike lanes (n=2,403). This is problematic because bicycling on sidewalks is not only in violation of campus ordinances, but also poses unique threats to bicyclists and pedestrians alike in university traffic. Focus groups with MSU undergraduate students (N=6; 40 students) identified gaps in knowledge, values related to campus commuting, and other bike related perceptions. Most participants believed bicycling made campus travel easier, and almost all participants reported collisions with pedestrians, motorists, and other bicyclists. Focus group participants indicated a need for more information regarding campus bicycling ordinances as well as safety interventions. A survey also was distributed to other MSU students (n=336) in order to gauge their bicycling knowledge, attitude, and behaviors.

All of these data informed pilot intervention activities that used SDT (Deci & Ryan, 2000) to promote the behavior of bicycling in campus bike lanes rather than on sidewalks. SDT posits individuals are more likely to incorporate an advocated behavior (bicycling in bike lanes) into their sense of self and sustain that behavior when they perceive they are enacting the referent behavior of their own volition (autonomy), have the ability to perform the behavior (competence), and have a connection to others engaging in the behavior (relatedness). Thus, we integrated SDT constructs into our pilot campaign intervention through positive-ticketing for bicyclists using bike lanes; bicycle safety posters posted on campus billboards, walls, and doors; and sidewalk chalking of safe bicycling messages near bike racks across the MSU campus.

This poster will present our formative observational, focus group, and survey data as well as our piloted intervention activities. A full-scale campus campaign is planned for the Spring 2016 semester based on the results and activities we report in this poster.

Stigma and Health Literacy on Campus: Implications for Building a Culture of Mental Health Help-Seeking

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College is a time of transition (Louie, 2007) and young adults often experience psychological distress during this period. According to the NIMH, in 2013 19.4% of young adults aged 18-25 were diagnosed with some form of mental illness. Attitudes about mental health and illness are likely to influence where a person seeks help in times of psychological distress. Perceived public stigma has been conceptualized as a person's perception of public stigma related to mental health (Corrigan, 2004), while personal stigma can be understood as the total of each individual's personal stereotypes and prejudices about mental illness (Griffiths, et al., 2004). Because young adults are less likely to seek mental health resources than their older adult counterparts (NIMH), we sought to create a model to describe how perceived public stigma and personal stigma about mental health, as well as health literacy, are associated with psychological distress, academic impairment, and ultimately mental health help seeking behaviors among undergraduate students.

A sample of 338 participants (83.8% female; 59.8% Caucasian) with an average age of 21.31 (SD = 1.635) were recruited from a large Southwestern university. Participants reported moderate levels of psychological distress (M = 2.22, SD = .78, range 0-4). The majority of participants (82%, n = 277,) had adequate health literacy (M = 4.85, SD = 1.47).

Path analysis using AMOS was utilized to assess all hypotheses and research questions. Health literacy was positively associated with perceived public stigma ($\beta = .16, z = 3.16, p = .002$) and negatively associated distress ($\beta = .11, z = -2.09, p < .05$), such that those with higher levels of health literacy expressed higher levels of perceived public stigma and lower levels of psychological distress. Personal stigma and perceived public stigma were positively related ($\beta = .36, z = 6.21, p < .001$). Perceived public stigma was positively associated with distress ($\beta = .15, z = 2.67, p < .01$), while personal stigma was negatively associated with distress ($\beta = .23, z = 4.04, p < .001$). Finally, distress was positively associated with academic impairment ($\beta = .51, z = 10.82, p < .001$), thus the more psychological distress participants reported, the more academic impairment they perceived. The variance explained in academic impairment was 25.8% ($R^2 = .26, CI: .18, .34, p < .001$).

Our findings present a more comprehensive understanding of how perceptions of stigma about mental health are related to psychological distress and academic impairment; they also contribute to a recognized need to better understand how stigma and health literacy may be related. Interestingly, we found no association with mental health help seeking behaviors. It may be that perceptions of stigma and distress alone are not enough to motivate students to seek help, they may need support from their interpersonal network. This study also reiterates the importance of destigmatizing mental health help seeking behaviors among college students. Campus health promotion officials and health practitioners should continue to destigmatize, and cultivate, a culture of mental health help seeking on college campuses.

Stigmatizing Text and Images in Antiobesity Messages: Effects of Weight Status and Efficacy Information

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Despite the prevalence of stigmatizing images in media messages about obesity, there is little research on how use of these images in persuasive antiobesity campaigns influences health attitudes and behaviors, and how message effects may vary based on weight status. Extensive public health research demonstrates the harmful effects of weight stigma on self-perception and health behavior, especially among women (Major et al., 2014; Schvey et al., 2011). Yet beliefs persist that priming stigma is an effective motivator (e.g., Callahan, 2013), particularly in antiobesity messages intended to shame or scare overweight people into changing behavior. To test this assumption, we conducted a controlled online experiment with 183 adult women to investigate whether stigmatizing images compound the influence of text blaming obese people on appearance satisfaction, susceptibility to weight stigma, self-efficacy, and weight loss motivations. In line with fear appeal research suggesting that threatening messages are effective at promoting behavior change when paired with high self-efficacy, we also ask whether including weight loss efficacy information alters the effects of stigmatizing text and images.

As in our past research (authors, year), use of stigmatizing images in antiobesity messages exerted different effects based on weight status. Only among women whose self-reported BMI was at or below the sample mean, adding stigmatizing images to messages with stigmatizing text increased both disgust and weight loss motivation for appearance reasons ($p < .05$). Appearance-based motivations to lose weight may be less intrinsic and less effective for sustaining behavior change than health-related motivations (Meyer et al., 2010).

We also found evidence that efficacy information in messages had some seemingly paradoxical effects, which also varied by weight status. Women with BMI above the mean reported greater self-efficacy when efficacy information was included in messages illustrated with stigmatizing images ($p = .01$). However, this group also perceived greater susceptibility to weight stigma after viewing messages including stigmatizing images and efficacy information, compared with a control condition ($p = .007$).

Finally, the addition of efficacy information to messages with stigmatizing images increased weight loss motivation for health reasons among women with lower BMI but decreased weight loss motivation for health among women with higher BMI ($p = .05$). Addition of efficacy information to messages with stigmatizing images also decreased appearance satisfaction ($p = .01$) and increased weight loss motivation for appearance reasons ($p = .005$) among women with lower BMI but not among overweight women.

Our research suggests that stigmatizing images in antiobesity messages may serve as negative comparison points that increase the self-efficacy and motivation of women who are not overweight, but also provoke disgust. We also found that including efficacy information actually increased perceived susceptibility to weight stigma and decreased motivation among overweight women and also decreased appearance satisfaction among women who were not overweight. One possible explanation is that efficacy information may emphasize individual responsibility for weight loss, which could provoke reactance or fatalism. Future research will tease apart how message features, such as images, influence perceptions of efficacy information in antiobesity messages.

Supportive Needs – Supportive Communication? What Pregnant Women Expect From The Online Community And What They Actually Do

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Pregnancy is accompanied by considerable physical, psychological, and role changes. The development of the unborn child is perceived intensely and makes expectant women highly involved in health- and pregnancy-related topics (Song et al., 2012). As many aspects of these fundamental changes stay out of control and produce feelings of uncertainty (Brashers, 2001), pregnant women try to gain reassurance or support by information seeking and sharing experiences and feelings (Aaronson et al., 1988; Dervin et al., 1999). To satisfy their supportive needs, they use diverse sources including online communities. Health-related online communities provide social proximity and seem predestinated for informational and social support (Coulson, 2005; Ginossar, 2008). Their members offer access to first-hand information from people in comparable situations and help to cope with emotional stress (Cope, 1995) and uncertainties (Lee & Hawkins, 2010).

How people use such communities for supportive purposes has two sides which are not necessarily congruent but which are both needed to gain a comprehensive picture: (1) What do users need and expect, i.e. why do they use the online community? (2) What do users actually do online, i.e. how do they communicate? In order to compare the motivational and behavioral dimension of supportive communication, a mixed method approach is needed. A survey among 1,021 users of a pregnancy forum on the largest German family online community revealed which supportive functions are attributed to the community. Separately from the survey, a standardized content analysis of 1,032 posts in this forum was conducted to capture the observable communication behaviors with regard to explicit supportive messages. Informational, emotional and self-esteem support (Oh & Lee, 2012), sociodemographic characteristics and issue-specific context factors were measured in both empirical approaches.

From the users' perspective, the community primarily fulfilled informational functions (Mindex=3.13; SD=.97; 3 items, $\alpha=.793$). The relevance of self-esteem support was rated mediocre (Mindex=2.63; SD=.97; 3 items, $\alpha=.746$), whereas emotional support was of the lowest value (Mindex=2.43; SD=.98; 3 items, $\alpha=.792$). Comparing these attributed supportive functions with the actual behaviors, confirms the prioritization for informational support (75.8 % of all posts). But 28.9 % of the posts contained emotional support, whereas self-esteem support (3.6 %) was of less frequency. The same patterns were observed for support provided and demanded.

Regarding the major importance of informational support, our results showed a congruent picture of the users' motivational factors and the observable behavior. The community does not only seem to complement health professionals' information by social support, expectant women also share important factual and medical information which indicates a complementary function of the community. For self-esteem and emotional support, different prioritizations were found: While esteem support is valued comparably high by the users, it is not often explicitly expressed. Emotional support on the other hand is expressed more often, but users do not rank it as high as esteem support. Additionally to the results described, individual characteristics and issue-specific context factors will help to explain differences in supportive needs and communication. Implications of the results, methodical limitations, and delineations for future research are discussed.

A Systematic Review on the Effects of Message Sensation Value: Role of Competing Theory and Varying Operationalization

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Health communication research has shown that there is wide variation in a message's potential for producing persuasive outcomes. Message sensation value—a message's potential to produce elicit sensory, affective, and arousal responses (MSV: Palmgreen, Donohew, Lorch, Rogus, Helm, & Grant, 1991)—has been of great interest to many scholars, particularly in examining the effect of anti-substance use messages targeting at-risk populations. One important criticism of the concept stemmed from its conceptual and operational ambiguity as researchers considered the concept in two different ways—either as an intrinsic message feature or as a message recipient's response to such message features. Later work (Morgan, Palmgreen, Stephenson, Hoyle, & Lorch, 2003; Palmgreen, Stephenson, Everett, Baseheart, & Francies, 2002) greatly contributed to the clarification of the closely connected, but distinctive, concepts by refining the former as a content-analytic message feature (MSV *per se*) and the latter as perceived message sensation value (PMSV).

Despite the conceptual clarification and evolution of MSV research, conflicting predictions and findings regarding the role of MSV are prevalent. The external validity of such findings and a careful conclusion about the effect of MSV can only be obtained by a more systematic and comprehensive approach, but to date, no systematic review appears to have done so. Equally importantly, critical factors that might have influenced the mixed findings have not been identified. Thus, the purpose of this study is to provide a qualitative and a quantitative (meta-analytic) review of the accumulated research concerning the effects of MSV. In addition to reviewing the general characteristics of studies that examined the effects of MSV, we focus on assessing the overall effects of MSV on message evaluation and attitudinal/behavioral outcomes and the potential influence of other variables on MSV effects.

Our first postulation is that the contradictory findings might reflect the nature of different theoretical assumptions related to the role of MSV, as influential theoretical framework, including the activation model of information exposure (Donohew, Palmgreen, & Duncan, 1980) and the elaboration likelihood model (Petty & Cacioppo, 1986), provide different predictions about the roles of MSV as a facilitator or a distractor of message processing. We also hypothesize that such mixed evidence might be attributable to the varied operationalization of MSV, as a message perception can be a closer proxy of subsequent persuasion outcomes than a message feature. Finally, we hypothesize that the effect of MSV could vary according to other study characteristics.

Based on database searching and backward reference searching, a total of 85 studies concerning the effect to MSV were retrieved. After excluding ineligible studies, a total of 32 studies were included in the qualitative review, and a subset of those studies ($n=12$; number of effect sizes = 70) was included in the meta analysis. Currently, we are interpreting findings from the two different reviews, and the completed results will be available by the time we would present. The results of this study will contribute to advancing our understanding of the effects of MSV and the validity of extant MSV studies, providing more accurate guidance for health message design.

Tell Us What You Really Think: Examination of Promotional Organ Donation Public Service Announcements

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The size of the waitlist for viable life-saving organs grows yearly in the United States. Due to the disparity between the size of the waiting list and paucity of organs, Organ Procurement Organizations are charged with educating the public about organ and tissue donation. Their federally mandated goal is to marshal public support for organ donation and to also increase the number of available organs through higher consent rates from eligible patients. In terms of promoting public understanding and support for donation, mass mediated messages are often used in health promotion campaigns and most commonly in the form of public service announcements (PSAs). Research studies examining the effectiveness of organ donation campaigns including mass mediated messages fail to measure audience reaction to the message and assume a uniform or silver bullet response from individuals' exposed to PSAs. This study provides an in-depth analysis of audience members' responses to a sample of PSAs shown in traditional and social media.

The current study method used an online survey administered to a sample of undergraduate students in a large northeastern university, totaling 204 participants. First they completed a measure of their beliefs about organ donation before viewing seven organ donation PSAs. PSAs were selected from a list compiled from Organ Procurement Organizations websites, the most viewed videos were chosen. Participants then completed a post-test measuring their initial reactions to the PSAs, the PSAs' influence on intentions to register, and any change in views toward organ donation based on the viewings. All questions were open-ended in nature in an effort to gauge students' first and perhaps visceral reactions to the PSAs using their own descriptions.

Results indicated the majority (87.3%) of the participants reported pro-donation beliefs about organ donation regardless of organ registry status. Overall, students reported positive reactions to the PSAs. Specifically, non-registered organ donors (85.9%) reported positive reactions and participants reported they found the PSAs to be informative, emotional, thought provoking, compelling and persuasive. Also, non-registered participants (53.2%) felt that the PSAs influenced whether they would become an organ and tissue donor. Lastly, a small percentage of non-registered participants (34%) indicated that their views did change after viewing the PSAs. Interestingly, results showed that participants referenced specific PSAs when responding. Of these, the PSA utilizing a loss frame seemed to be the most referenced among individuals.

Based on these results it is encouraging to learn organ donation PSAs have a positive influence on individuals viewing them. Though, it cannot be assumed that these positive reactions will lead to pro-donation behaviors (e.g., registration, family notification), it appears that PSAs can be a first step in educating and shaping positive attitudes toward organ donation, especially among individuals who are not registered as an organ donor. Previous research shows that individuals with more positive attitudes about organ donation are more likely to become registered organ donors. Findings also indicate that PSAs can aid in changing views about organ donation through the compelling, emotional, and thought provoking information they provide.

Text or Tweet? The Role of Technological Channel in Middle-Aged and Older Adults' Weight Management Supportive Communication

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Approximately 75% of middle-aged and older adults are overweight or obese (Ogden, Carroll, Kit, & Flegal, 2014), and many health problems have been associated with overweight and obesity in middle and later life (Rillamas-Sun et al., 2014). Despite the importance of weight management, long-term weight loss and maintenance often proves challenging. Supportive communication is one social process important in ameliorating challenges and in motivating health behaviors (Feeney & Collins, 2015).

A small body of health communication literature has examined the features of interpersonal supportive weight management messages associated with effective outcomes (e.g., Dailey, McCracken, & Romo, 2011). Although valuable, such research assumes face-to-face communication. The current study argues that it is important to understand the interaction between supportive weight management message features and the technological channels through which those messages are conveyed. This argument stems from the increasingly mediated world in which peoples' relationships are constituted through a constellation of communication channels (Pew Research, 2014). Thus, this study asks: What are the best technological channels through which to offer weight management support for middle-aged and older adults? In answering, this study addresses several gaps in the literature by: 1) examining the role of technological channel in the supportive weight management communication process, and 2) focusing on the understudied demographic of middle-aged and older adults.

Given these considerations, the current research project conducted an online experiment to investigate the efficacy of various communication channels (face-to-face, phone call, phone text, and social media post) in the provision of weight management support messages for middle-aged and older adults. Participants were 415 individuals (287 women, 128 men, Mage = 58.16 years, age range 45-86 years, SD = 7.96) from a national sample recruited through an opt-in panel provider. Participants were randomly assigned to assess weight management messages varying in quality (high/low) and were asked to rate their perceptions of these messages across the four communication channels previously described. Participants were also asked to assess which affordances (i.e., features of a technology that enable or constrain use) were important to consider when providing weight management supportive communication messages. Advanced statistical analyses are ongoing; however, initial tests suggest that certain technological channels may be better suited for the optimal delivery of weight management messages. Complete findings will be presented at KCHC.

These results are significant for several reasons. First, given that health researchers and practitioners have become increasingly interested in technology's motivational potential, the current study offers specific insight into which technological affordances best support weight management endeavors. Second, this work supports the conference theme. The importance of relational cultures (e.g., families) in weight management success has been increasingly recognized (e.g., La Guardia & Patrick, 2014). The current study provides clarity into how interpersonal partners can use technology to build this kind of relational culture of health. Third, this project focuses on the understudied group of middle-aged and older adults. In sum, these results benefit health care practitioners, intervention researchers, and family and friends striving to provide an optimally-motivating weight management message through an appropriate channel.

Texts for Taking Action: Agency Assignment in SMS Vaccination Reminders

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Text messages (TMs) transmitted to cellular phones are one of the most accessible forms of mobile health communication. The U.S. Department of Health and Human Services (2014) recently recommended future research on the use of TMs to improve immunization rates. The present study investigated a TM-based intervention to promote human papillomavirus (HPV) vaccination among Latina girls.

Reminders (i.e., notifying parents their child is due for vaccination) are among the most effective strategies for boosting vaccine uptake. TM reminders offer advantages over traditional phone/mail reminders, but few studies have documented their impact. Aragonés et al. (2015) found that sending TM reminders to parents who had received HPV counseling resulted in a modest increase in initiation of the vaccine series for their children over parents who received counseling only. As in other TM-based health interventions, the reminders used in this study were purely informative - i.e., no persuasion strategies were incorporated into message content. The present study tested the effects of an evidence-based influence strategy known as "agency assignment" (McGlone, Bell, Zaitchik, & McGlynn, 2013) on TM reminder impact.

Our study sample consisted of 167 self-identified Latina mothers of girls 11 - 17 who had not received the HPV vaccine. Volunteers participated in person at clinics and other community settings (flea markets, health fairs, etc.) in a large urban area. After completing a pre-test survey measuring demographic factors, participants were randomly assigned to receive one of four versions of a simulated Spanish TM created by manipulating two content characteristics in a 2 X 2 between-participants factorial design. The capacity for harmful action or "threat agency" was linguistically assigned either to the virus itself ("HPV can infect your daughter and seriously harm her health") or to the daughter at risk ("Your daughter can get HPV and seriously harm her health"). The capacity for preventing harm or "prevention agency" was assigned either to the vaccine ("The vaccine can protect her") or to the parent ("You can protect her by getting her vaccinated"). Participants were told the version they received was a reminder the clinic could send them to arrange a vaccination appointment. After reviewing their assigned messages, they completed a post-test survey measuring beliefs about HPV and the vaccine and intentions to have their daughters vaccinated.

Results indicated the manipulated variables influenced parents' beliefs and intentions. Those who received TM versions assigning threat agency to the virus perceived the threat as more severe and their daughters as more susceptible than others who received versions assigning threat agency to the daughter. Assigning threat agency to the virus also prompted parents to report stronger intentions to get the vaccine than assigning it to the daughter. Prevention agency moderated threat agency's effect on vaccination intention, with parents reporting stronger intentions when threat agency was assigned to the virus and prevention agency to the parent. These findings suggest strategic agency assignment can improve TM vaccination reminder impact.

Tools for Teen Moms: A Social Media Intervention to Prevent Obesity through Infant-Centered Feeding

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Interventions to reach adolescents need to be incorporate communication strategies that are relevant to that audience. Tools for Teen Moms (T4TM), a collaboration between communication and nursing researchers, partners with the Maternal-Infant Health Program (MIHP) to reach first-time, teen mothers with a web-based social media platform designed to activate teen moms' motivation to engage in infant-centered feeding practices. Compared to adult mothers, adolescent mothers are less knowledgeable, less responsive, more controlling, and less skilled in infant feeding, which interferes with infants' healthy growth; adolescent mothers' feeding behaviors are most directly related to infant weight gain in the first year of life. T4TM is implemented during the infant's first four months of life to promote healthy transition to solids during their first year because unhealthy infant feeding practices may lead to rapid or excessive weight gain in early infancy. T4TM may help teen mothers develop healthy infant feeding practices that contribute to reducing the risk of early onset childhood obesity.

T4TM is a funded (NIH-R21), registered clinical trial (Clinical Trials. Gov NCT 02244424) for which participants are recruited by MIHP community partners in four counties across Michigan and then randomly assigned to the T4TM intervention or a "usual care" control group. The T4TM platform provides infant feeding information to mothers via text messaging, and includes daily behavioral challenges, text message reminders, discussion forums, and website information as a comprehensive social media strategy. Specifically, T4TM tests the comparative effectiveness of a social media intervention approach for low-income adolescent, first-time mothers of infants 2 months of age or younger, versus standard care on infant weight, maternal responsiveness, and feeding style and practices. Outcome measures are comprehensive of participant perceptions of the T4TM intervention, maternal outcomes and infant outcomes. Maternal outcomes include a) maternal responsiveness; b) feeding style, and c) feeding practices. The primary infant outcome is infant weight, and weight measures occur at baseline, and when the baby is 3 and 6 months old. Although this study is currently still in progress, preliminary evidence supports the use of text messaging and daily challenges to engage adolescent mothers in healthy infant feeding practices.

Our poster or presentation will: 1) clearly articulate the problem of unhealthy infant feeding practices, particularly in young mothers, and its link to obesity; 2) provide an overview of the T4TM intervention, its components, and collaborative design; 3) discuss the theoretical approach for activating intrinsic motivation of teen mothers and normative influence through intervention components; 4) present preliminary results of the research, including participant engagement data and early maternal outcome findings (data collection is approximately 75% complete); and 5) identify a few lessons learned for integrating technology with community-based approaches. We will include examples of the daily behavioral challenges, which are the centerpiece of the T4TM intervention, and provide exemplars for each component of T4TM to illustrate the innovative and accessible design that participants are responding to favorably.

Treatment Decision Making for Older Cancer Patients in Multidisciplinary Teams

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Background: Treatment decision making for cancer patients is often complicated as specialists from different disciplines (e.g., surgeons, oncologists, radiotherapists) are involved. To facilitate efficient communication and decision making, multidisciplinary team (MDT) meetings have been introduced. These meetings aim to accurately stage tumors and to make treatment recommendations that are evidence based, reached by consensus, and that are patient centered (i.e., based on patient characteristics, such as health status, and preferences). Decision making for older (≥ 70 years) cancer patients is particularly complex, as they are a heterogeneous group and are therefore often excluded from clinical trials. Hence, the results of clinical trials are not always representative for older patients, for example it is unknown how treatments will interact with treatments that patients may receive for other illnesses. Decisions concerning optimal treatment for older patients should therefore deviate from disease-centered arguments such as evidence based treatment guidelines and be based more on patient-centered arguments such as individual patient characteristics and preferences. To investigate how treatment decisions for older colorectal cancer patients are made during MDT meetings we have formulated the following research question (RQ): What disease- and patient-centered decision supporting arguments are used in the treatment decision making process for older patients during MDT meetings?

Method: We performed nonparticipant observations in five hospitals. We observed six MDT meetings in each hospital where at least one older (≥ 70 years) patient with colorectal cancer was discussed. In total, we observed the decision making process of 170 older colorectal cancer patients. Qualitative analysis was undertaken in accordance with grounded theory.

Results: Three types of arguments were detected: (a) disease-centered medical arguments, (b) arguments based on patients' background characteristics, and (c) arguments based on patients' preferences. In the far majority of all cases, disease-centered medical information, such as tumor type and stage, was used to introduce a patient.

Concerning patient-centered information, we distinguished between patients' background characteristics and patients' preferences. Regarding patients' background characteristics, patient factors such as age and medical history were often mentioned when introducing the patient. However, this information was usually not connected to treatment decisions. When an initial decision was altered, age was often mentioned as an argument and sometimes as the sole argument. When the team was uncertain about the frailty of the patient, they referred the patient for a geriatric assessment and the treatment decision was postponed. With regard to patient preferences we found comparable results. Whether patients had specific preferences that could guide the treatment decision was often not known beforehand.

Conclusion: Although it is frequently argued that patient-centered arguments should be used in the decision making process for older patients, this study shows that these arguments are typically not included in the decision making process during MDT meetings. Communication during MDT meetings can be more efficient if results of systematic geriatric assessment and patients preferences are known beforehand.

U.S. Rural Communities' Health Concerns as Framed in their News Media

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Individuals living in rural areas of the U.S. face vastly different health challenges than those living in suburban or metropolitan areas. Rural populations tend to be older and less educated (Jones et al., 2009). At a growing rate, they have less access to nearby clinics and hospitals. Although about 17% of the U.S. population lives in rural areas, only 10% of physicians practice there (Rural Healthy People, 2010). This low percentage of rural Americans may explain why health was covered in 5% of rural news stories in national media in 2004, down from 6% in 2002 (Lichter et al., 2004).

Few studies have examined how rural health issues are communicated within the communities themselves. Research on news coverage of rural health tends to focus on a specific problem, such as drug dependence (Schoenberg et al., 2008) or nutrition information (Andsager et al., 2014). The purpose of this study was to examine how rural communities in one region of the U.S. define health concerns, via a content analysis of their newspapers. While clinics and hospitals in rural areas have declined, community newspapers remain viable ("How people get local news," 2012).

Framing was the theoretical perspective informing this study because how news is presented and who is cited as a source of that information can influence news consumers' perceptions of the information.

Method: A content analysis was conducted on health articles in rural newspapers, focusing on topics, sources, and exemplars. "Health" was defined as any topic described in newspaper articles as affecting the physical and/or mental health of individuals in rural communities ("rural" as defined with the U.S. Office of Management & Budget's definition).

Rural counties were selected from the U.S. Census's West North Central District via a multi-stage process. One year (July 1, 2011, to June 30, 2012) of issues of the largest newspaper was collected in each of the 10 counties. A random sample of 104 issues of the newspapers were selected (about two per week). This sample produced 345 total articles.

The article was the unit of analysis. Each health topic mentioned (e.g., providers, obesity, etc.) and source (e.g., public health practitioner, family member, etc.) was coded (Holsti's formula for intercoder reliability ranged from .82 to 1.00).

Results: A good deal of variation in topics and number of articles was found among the newspapers. Economic concerns were the most frequently mentioned concern, followed closely by healthcare providers and safety issues. The most frequent sources of information were (by far) businesspeople, then physical health experts, and government officials. Public health sources were comparatively rare.

Discussion: Though the newspapers came from demographically/geographically similar counties, the number and variety of health articles in them was large. The lack of (or fear of lack of) access to pharmacies, clinics, and other providers was the major overall concern in the articles. Health problems noted as growing concerns within rural communities, such as obesity, aging, substance abuse, and mental health (Rural Healthy People, 2010) were comparatively infrequent. Implications are discussed in the paper.

The Usefulness of a Dual Aspects Conceptualization of Reasoned Action Variables for Health Communication Research

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Reasoned action theory continues to serve as a foundation for health communication research, in large part because of its direct applicability to the question of how exposure to health information leads to behavior change. To improve the precision with which behavior can be explained, the theory has been developed in a sequence of reformulations. These are the theory of reasoned action, the theory of planned behavior, the integrative model of behavioral prediction, and its current formulation, the reasoned action approach to explaining and changing behavior (Fishbein & Ajzen, 2010).

In contrast to previous unidimensional conceptualizations, the current formulation of reasoned action theory proposes that attitude, perceived norms and perceived control each have two aspects. Attitude, or people's evaluation of their performing the behavior, has instrumental (i.e., attributes such as foolish or wise) and experiential aspects (i.e., experiences such as pleasant or unpleasant). Perceived norm, or expected normative pressure for or against performing the behavior, has injunctive (i.e., expected approval from important referents) and descriptive normative aspects (i.e., whether important referents engage in the behavior themselves). Perceived behavioral control, or the extent to which people expect that they can perform the behavior, has a capacity (i.e., perceived ability to perform the behavior) and autonomy aspects (i.e., whether the decision to perform the behavior is perceived to be up to people themselves).

Whereas for some behaviors the aspects in each set go together, for others they do not. If they do not, then each aspect's influence on intention should be tested to determine which attitudinal, normative or control aspect health messages should address. Such tests, however, are scarce. To illustrate the usefulness of a dual aspect interpretation we ran illustrative intention regression models regarding five different health behaviors using data from four samples; a young adult sample (N = 270) provided data on having four or more drinks in a row and stepping in when a friend is drunk; an adolescent sample (N = 189) and a young adult sample (N = 233) provided data on marijuana use; an adult sample (N = 191) provided data on quitting smoking and using health insurance cessation benefits. In each dataset judgments of instrumental and experiential attitude, injunctive and descriptive norms, and capacity and autonomy were only weakly related, supporting tests of separate effects of each aspect.

The dual aspect model explained large proportions of variance in intentions ($.38 < R^2 < .74$). As theorized, different aspects of attitude, perceived norms and perceived control typically had quite different effects on intention. In addition, the extent to which instrumental or experiential attitude, injunctive or descriptive norm, and perceived capacity or autonomy were associated with intention varied across behaviors and samples. Clearly, such findings give the health interventionist much more guidance than what would have been available if the dual aspects of attitude, norms and control would not have been considered. We therefore urge health communication researchers to consider dual aspect conceptualizations when they design and analyze reasoned action studies.

Using the O-S-O-R Model to Test Direct and Indirect Effects of Identity, Media Use, and Talk on Aerobic and Non-aerobic Exercise

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The current study was guided by the O1-S-O2-R model (Markus & Zajonc, 1985), which posits two active roles for humans as they respond to stimuli in their environments. The first role is pre-orientation, defined as "structural, cultural, cognitive, and motivational characteristics [an] audience brings to the reception situation" (D.M. McCleod, Kosicki & J.M. McCleod, 2002; p. 238). The second role is post-orientation, which represents the "various ways audiences may deal with media messages" (McCleod et al., 2002; p. 239).

The theoretical model for this study included two variables serving as pre-orientations (O1)—exercise identity and sensation seeking. Stimuli (S) were total screen time and exercise-related media. Two media use measures were included, because we hypothesized that a general measure of screen time would not capture the positive effect that exercise-related media may have on exercise behavior. We also included two variables representing post-orientations (O2)—exercise-related thoughts and exercise-related conversations. Finally, Response (R) was self-reported exercise behavior. Because we hypothesized that pre- and post-orientations would operate differently for aerobic and non-aerobic exercise, we tested two models with each as an outcome variable.

Data were collected from a convenience sample of college students ($N = 238$) attending a large Midwestern university. Previously validated measures were used for data collection, and the proposed models were tested using structural equation modeling. Results of the analysis revealed that neither model fit the data adequately (Hu & Bentler, 1999). However, reduced models with exercise identity, sensation seeking, exercise-related media (non-aerobic model only), total screen time (aerobic model only), exercise-related thoughts, and exercise-related conversation fit the data well (i.e., non-aerobic exercise reduced model: $\chi^2(9) = 6.29$, $p = .71$; CFI = 1.00; RMSEA = .00; aerobic exercise reduced model: $\chi^2(10) = 10.42$, $p = .40$; CFI = 1.00; RMSEA = .01.)

Interesting findings include that exercise identity had a strong positive direct effect on aerobic exercise but not on non-aerobic exercise. However, exercise identity exerted a significant indirect effect on both exercise outcomes, and in both cases that effect flowed through exercise-related thoughts and exercise-related conversation. Sensation seeking had no direct effect on either outcome, but it did have a significant positive indirect effect on both outcomes through conversation. Finally, total screen time exerted a small but significant negative direct effect on aerobic exercise but not non-aerobic exercise.

The study makes several contributions to our understanding of the way media use and identity influence exercise behavior. First, exercise identity clearly influences what media are selected and how they are interpreted. Slater's (2007) identity-media use spiral predicts this relation, but our study helps to clarify identity's indirect influence on distal behavioral outcomes. Second, the finding that conversation links media use and aerobic and non-aerobic exercise suggests conversation may be a useful intermediate intervention target, similar to other behaviors such as condom use. Finally, the study replicated a common finding that total screen time has a small negative effect on exercise, but our results also suggest a strong and potentially more important effect for exercise-related media use.

'Watchful Waiting' Childhood Otitis Media: Physicians' Advice and Parent Compliance

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Middle ear infection (otitis media, or OM) remains a particular "hotspot" of unwarranted antibiotic use in childhood (Vaz et al., 2014). "Watchful waiting" (WW) is a treatment strategy that involves providing a prescription for an antibiotic, but advising that it not be utilized unless symptoms worsen or do not improve. WW reduces antibiotic use without harming patients and appears in the clinical guidelines for treating ear infections in children ages 6 months or older (Lieberthal et al., 2013). However, parents do not necessarily wait to fill the prescription as advised (Barber, Ille, Vergison, & Coates, 2014).

Advice response theory (MacGeorge, Guntzville, Hanasono, & Feng, 2013) suggests that parents will be more likely to comply with WW advice to the extent that doctors successfully convey the advantage(s) of avoiding antibiotics, and make the monitoring and management of their child's symptoms seem feasible. Correspondingly, clinical guidelines indicate that physicians should involve parents in the decision to use WW, make follow-up care available, direct parents to monitor symptoms, and instruct them to provide symptom relief. The current study was designed to assess these dimensions of content in physicians' WW advice and their association with parental compliance.

Parents (N = 142) whose youngest child was aged 5 years or younger and had been advised to undertake WW for that child's most recent ear infection were recruited for an online survey through Qualtrics. Participants responded in open-ended text boxes to questions asking "what you remember being told to do?", followed by prompts to elicit more detailed reporting of stated reasons for WW and what they were told to do while watching and waiting. The total responses from each participant were coded for the presence or absence of a reason for the WW, offer of follow-up care, a direction to monitor symptoms, and an instruction to provide medication for symptom relief. Parents also reported on compliance with WW.

A sizeable minority of parents (N = 38; 27%) reported noncompliance with WW. 71% of parents reported a reason given for WW; 22% reported an offer of follow-up care; 78% reported an instruction to monitor; and 30% reported a direction to use medication (e.g., Tylenol) for pain relief. The inclusion of reasons, monitoring, and directions in the clinical interaction were significantly associated with compliance. Of parents who complied with WW, 80% reported that the physician provided a reason for WW (versus 49% of noncompliant parents), $\chi^2(1, N = 141) = 13.04, p < .05$, Cramer's V = .30. 83% of compliant parents reported being directed to monitor their children's symptoms (versus 66% of noncompliant parents), $\chi^2(1, N = 142) = 4.66, p < .05$. Cramer's V = .18. 37% of compliant parents were instructed to use medication to manage symptoms (versus 13% of the noncompliant parents), $\chi^2(1, N = 142) = 7.21, p < .05$, Cramer's V = .23. Findings suggest that WW advice is more successful when physicians give reasons for WW and direct parents to monitor their children's symptoms and provide pain relief.

What are Women Actually Saying? Evidence of Intervention Effects on Communication Choices in Condom Negotiation

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Background: Sexual risk reduction interventions often promote safer sex communication behavior as prior research consistently observes a negative association between safer sex communication and sexual risk. Surprisingly, no research has examined how communication training in interventions translates into specific communication choices women make. Using role plays, communication behavior of women who participated in an HIV risk reduction intervention was examined to assess how intervention participation effected strategies women employ in condom negotiation. Methods: Data derived from a randomized control intervention efficacy trial to reduce alcohol-related sexual risk among young, urban African American women (N = 159) aged 18 to 24. The intervention had three arms (sexual risk reduction, sexual risk + alcohol risk reduction, and enhanced standard-of-care [control]). The woman's task was to convince a male partner to use a condom, his task was to resist. The first 30 seconds of the interactions evidenced the most variance in behaviors and were coded. Coders transcribed each talk turn (up to 13 talk turns; $m = 5.43$, $SD = 2.18$). Within each talk turn, conceptual action units (a clause or sentence that reflects a single action) were coded based on communication behavior taught/ discussed in intervention or behaviors evidenced in the role plays. 1545 CAUs ($m = 8.64$, $SD = 3.25$) were coded into four categories: Justifications or why to use condom statements (12 unique codes); proposed solutions on how to obtain a condom or alternatives to sex without a condom (5 unique codes); the use of ultimatums (no condom/no sex); and, non-solution statements that did not advance her argument or contest his claims. Cohen's Kappa indicated satisfactory intercoder-reliability. Results: The most frequently used justifications were health (e.g., I want to be safe), partner history (e.g., I don't know you/health history), specifically mentioning preventing STI/HIV or preventing pregnancy. Justifications did not differ significantly across intervention conditions. When examining only justifications taught in the intervention, women in the sexual risk reduction condition ($m = 3.54$; $SD = 2.79$) use more, $F(2,158) = 4.6$, $p = .01$, than women in the control condition ($m = 2.73$; $SD = 2.26$). The most often used proposed solution was that the woman said she had a condom/told him where to find one (30.4%). Women in the Sexual + Alcohol risk reduction condition ($m = 1.44$; $SD = 1.41$) were significantly more likely to use solution statements, $F(2,158) = 3.36$, $p < .05$, than those in the control condition ($m = 0.83$; $SD = 1.17$). Women in the control condition ($m = 4.17$; $SD = 2.60$) had a higher number of non-solution filler statements, $F(2,158) = 5.01$, $p < .01$, than women in the Sexual + Alcohol risk condition ($m = 1.12$; $SD = 1.59$). Implications: These findings are some of the first to demonstrate how women specifically enact communication behaviors covered in a sexual risk reduction intervention. Interestingly, those in an intervention condition were most likely to use solution statements which arguably are the most challenging behavior requiring more skill and strategy development.

"What are you doin' that for?" Social Support Challenges African American Mothers

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Context: When an individual faces uncertainty about a situation or the self, social interactions that are encountered can provide support that is crucial to cope with the situation at hand. Despite many of the applications of social support in communication research, there is a gap in knowledge on the social support systems in the context of breastfeeding, specifically for medically underserved populations such as African Americans. Among African American populations breastfeeding rates are significantly lower than the national averages. Nationally, only 59% of African American women initiate breastfeeding at least one time, dropping to 28% at six months. This study provides a foundational understanding of the social support systems of African Americans in a breastfeeding context.

Methods: Due to the nature of discussion with a group of individuals who may have different cultural norms and values than the researchers, a qualitative study allowed for themes and ideas to come through that may not have been captured by a survey or questionnaire. Focus groups were utilized allow for discussion among participants in order to gain insight from multiple experiences and (dis)agreement among the group. The focus group questions concentrated on gathering information about the social support systems that assisted the mother in regards to infant feeding support they received/did not receive in their infant feeding choice.

Findings: Sixteen women participated in three focus groups. Although there were discussions of positive family communication around breastfeeding, most participants discussed examples of non-supportive communication between themselves and family members resulting in decreased breastfeeding. Examples include: "I'm not gonna say what the conversation [was]....the situation didn't go over too well with my mom"; " [my]family was kinda negative about it, but I never made the connection"; and "my stepmom was like, "He's breastfed," and another lady was like, 'Oh, is that what she was up there doin'?" Further one mother stated: "If I had more support, I don't think I would always been thinkin' in back of my mind like, you know, I really wanna quit breastfeeding. I feel like if I had the support...I woulda enjoyed it more."

Conclusions: This research looked to answer the question of what social support looks like for African American women. An expansion of social support theory in this context could allow for improved understanding of African American mothers' efforts to seek out and utilize their social support systems in the start and sustainment of breastfeeding. Overall, mothers felt they needed more emotional and tangible support. Family support may not always be available and access to public health programming is often limited. The information gathered provided valuable insight for social support of breastfeeding in the ability to further understand how these support a breastfeeding mother and encourage sustainment of breastfeeding practices. More effort is needed to assist in increasing breastfeeding rates for African Americans and the first step is to increase the understanding of the complexities that exist and may hinder breastfeeding.

What is Being Communicated to Whom? Content Analysis of E-cigarette Print Advertisements, 2010-2014

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E-cigarette use has been on the rise, especially among adolescents where one in four high school students have tried e-cigarettes. E-cigarette advertising has grown dramatically in recently years, raising the question of whether e-cigarette advertising is contributing to the increasing trends in use. Over half of all e-cigarette advertising expenditures are spent on print publications. To understand messages and themes in these ads, we conducted a systematic content analysis of all e-cigarette print ads from the time of the first print ad in 2010. We additionally investigated differences in ads placed in publications with and without an established youth readership.

All ads were collected through Competitrack, (www.competitrack.com), a full-service advertising tracking firm. We used GfK Mediamark Research & Intelligence (MRI) to determine readership. Two coders individually coded 54 ads (N=108) each, and fifty ads were coded by both coders for interrater reliability, for a total of 158 unique ads.

The 158 ads featured 30 unique e-cigarette brands and appeared 991 times across multiple issues of 110 unique print publications. The unit of analysis for the remainder of analyses is total ad frequency (N=991). Results demonstrated an increase in ads over time, with 25 ads appearing in 2010, 54 in 2011, 97 in 2012, 359 in 2013, and 456 in 2014. Ads for brands owned by tobacco companies accounted for 71% of all print ads, while ads from independent e-cigarette brands accounted for 29%. Sixty-five percent (N=643) of ads appeared in publications with an established youth readership (defined as publications with reported youth readership, according to MRI)- of these, 88% were ads for brands owned by major tobacco companies.

The majority of ads featured at least one model (64%). Seventy-one percent of ads in publications with youth readership featured a model clearly using the product, compared to 54% for adult readership. In terms of how the product was described, 91% of ads in publications with youth readership focused on unique aspects of e-cigarettes (e.g. "vaping" or novelty of the product technology vs. 38% for adult readership, whereas most adult-readership only publications (63%) focused on the similarities with cigarettes (e.g. "smoking" or similar act/feel/taste) vs. 31% for youth readership. Warning information was present in 88% of the total sample (95% in youth-readership vs. 77% adult readership). The most common theme overall (44%) was information about the product. This was also the primary theme for adult-readership (57% adult vs. 23% youth). The primary theme for publications with youth readership was autonomy (54% youth vs. 25% adult). Explicit health claims were found in 33% of ads overall (36% in youth vs. 29% adult), whereas implicit health claims were more prominent in adult-readership only publications (81% adult vs. 68% youth).

Overall, our findings indicate that a majority of e-cigarette ads in print publications were for brands owned by tobacco companies and appeared in publications with known youth readership. Our findings regarding the content of ads in publications with established youth readership may indicate the need for regulation of e-cigarette advertising.

"What the Hell Happened?": College Students' Management of the Uncertainty Surrounding their Black Out Behaviors

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Considerable research has been conducted related to college students' binge drinking habits and efforts to curb the behavior (Carey, Scott-Sheldon, Carey, & DeMartini, 2007; Haines & Spears, 1996). A series of Harvard School of Public Health studies showed that approximately 44% of college students can be classified as "binge drinkers" (Wechsler, Lee, Kuo, Seibring, Nelson, & Lee, 2002). Less research has focused on the phenomenon of "blacking out." "Black outs" are commonly understood as instances of extreme binge drinking wherein a person is unable to remember their actions from the night before. Research has shown that half of college students who drink have experienced a blackout, and 40% of students who drink have blacked out at least once within the past year (White, Jamieson-Drake, & Swartzwelder, 2002). This study fills a gap in the research on blacking out by explicating how students manage the uncertainty surrounding their black out behaviors. Specifically, it examines the messages they use and the channels they employ to reconstruct the events that occurred while there were blacked out.

As part of a larger project about college students' drinking behaviors, we conducted individual interviews and focus groups with 30 students (16 men, 14 women). Participants ranged in age from 18 to 25 years old ($M = 20.4$ years). Participants included Greek ($n = 16$) and non-Greek ($n = 14$) System members, on-campus ($n = 10$) and off-campus ($n = 20$) residents, and a variety of class standings (5 first-year, 9 sophomore, 7 junior, 9 senior). Nearly all participants reported blacking out at least once since they arrived on campus.

Preliminary analyses using a grounded theory approach (Charmaz, 2002) yielded two primary themes related to the message strategies that our participants used to reconstruct their blacked-out behaviors, direct asking and investigation, which were inherently linked to different communication channels. Participants who reported managing their uncertainty through the use of direct asks sought guidance from their friends via face-to-face communication, one-to-one text messages, and group chats in reconstructing their behavior. These messages took several forms, including teasing, self-deprecating humor, and embarrassment. On the other hand, participants who reported managing their uncertainty through the use of investigation consulted their social media accounts (e.g., Snapchat), cell phone contents (e.g., pictures), and other "clues" (e.g., online bank records) to help them reconstruct their behavior on their own. These strategies sometimes overlapped, with participants first investigating and then asking, or vice-versa. The inherent goal of all of these strategies appears to have been reducing uncertainty.

In sum, then, our study's findings suggest that college students actively reconstruct their black out behaviors in an attempt to reduce their uncertainty, and they have preferred strategies in doing so. Our study provides a deeper understanding of just one of the multitude of interpersonal issues that may result from this form of extreme binge drinking, however. We encourage other communication scholars to further investigate this phenomenon.

When More than Reputation Is at Risk: How Two Hospitals Responded to Ebola

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An Ebola outbreak swept across three African nations in 2014; on July 31, the first patient arrived for treatment in the United States at Emory University Hospital. Over a three month period, Emory would receive and treat four patients. Comparatively, at Texas Health Presbyterian Hospital in Dallas, employees were caught off guard by the arrival of an Ebola patient, who infected two other nurses before succumbing to the disease. Emory and Texas Health present two unique cases as they were the first hospitals in the United States to treat Ebola patients; both faced the same challenge, but their responses and outcomes were vastly different. Drawing issues management, actional legitimacy, and reputation management literature, this study examined the two cases to gain insight into preventing and managing crises in a healthcare context. This study expands on existing research on health communicators' roles during a public health crisis (Freimuth, 2006) and contributes to an existing research gap on crisis prevention (Coombs & Holladay, 2012).

Data for the study included more than 195 texts, comprised of press releases from both hospitals and media reports from national and local sources. Textual analysis was used to examine organizational planning and preparation, as well as how each hospital responded to and communicated about the Ebola threat. Emory was well-prepared to treat Ebola patients because of extensive training and access to a special isolation unit developed in conjunction with the Centers for Disease Control and Prevention. Texas Health, like many hospitals across the nation, was less equipped and unprepared to respond to such a disease, resulting in an unfortunate series of events, beginning with the initial patient's misdiagnosis.

Findings from this study emphasize the need for healthcare organizations to remain vigilant for any potential threats and engage in preventative measures. Even after a Texas Health nurse tested positive for Ebola, 76 percent of nurses nationwide reported their hospital had not communicated a plan for screening potential Ebola patients (Schoichet, Capelouto, & Yan, 2014), and 85 percent reported receiving no training from their hospitals (Chuck, 2014). If the threat is imminent, administrators should establish safeguards and clear protocols to protect patients, employees, and the greater community in collaboration with external agencies, as well as provide extensive training opportunities. Healthcare communicators should also engage in consistent, frequent, and honest communication with both internal and external audiences to maintain credibility, reduce anxiety, and combat misperceptions. Events at both Emory and Texas Health demonstrate why healthcare organizations must establish a culture that values monitoring, planning, and learning in an effort to avoid, or at least alleviate, future crises. Healthcare is a high-risk industry (Hudson, 2003); this study emphasizes the need for thorough issues management and proactive policies as not only reputations, but human lives, are at risk.

#WhyITold: A Pilot Test of Domestic Violence Bystander Intervention Campaign Messages Delivered via Twitter

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According to a recent report by the Centers for Disease Control (CDC) and Prevention, an estimated 22.3% of women and 14% of men experience severe physical violence by an intimate partner (IP), 8.8% of women and .8% of men experience rape by an IP, and 15.8% of women and 9.5% of men experience other forms of sexual violence by an IP (Breiding, Smith, Basil, Walters, Chen, & Merrick, 2014). Furthermore, IP violence is especially prevalent among college-aged individuals (Jacobs & Poole, 1999; Miller & Bukva, 2001), and the majority of abuse victims are abused before age 25 (National Intimate Partner Violence Survey, 2014). Therefore, this study seeks to understand how DV campaign messages aimed at the college population might help alleviate this issue.

The proposed #WhyITold campaign seeks to capitalize on the popularity of recent Twitter campaigns (#HeForShe, #WhyIStayed, #FindOurGirls, etc.) to keep issues associated with DV in the national spotlight. This process has been successful in previous campaigns (Manderscheid & Wukitsch, 2014; Wasike, 2012; Odine, 2013). Instead of focusing on the behavior of the abused individual, this campaign sought to encourage bystanders of DV to become advocates for victims and help support and protect them. Klein et al. (1997) have suggested this approach is a good way to help change societal norms surrounding DV.

A total of 196 undergraduates (71.8% female, 81.1% White, average age = 20.26, SD=2.59) were randomly assigned to read 1 of 7 tweets created by the authors. Three of the tweets highlighted warning signs associated with DV motivating bystanders to enact 1 of 3 intervention behaviors: call a hotline, confront the abuser, or provide support to the abused. The other three tweets focused on reasons bystanders provided for why they felt the need to step in and intervene using gain-loss framing. These messages reflect the target characteristics abused individuals look for in disclosure targets as discussed by Petronio, Flores and Hecht (1997). The last tweet served as a control and simply provided prevalence statistics about DV in the U.S. Using the integrative model of behavior change (IMB) as a framework, participants were asked questions about their attitudes, descriptive and injunctive norms, and perceived behavioral control toward the 3 intervention behaviors, and their intent to intervene on behalf of DV victims. Participants also answered questions regarding their knowledge of DV (warning signs), and experience with DV. Preliminary analyses reveal while people perceive other bystanders of DV are not likely to intervene (low descriptive norms), most believe people should intervene on behalf of DV victims. Interestingly, injunctive norms regarding intervening was found to be the strongest predictor of participants' intent to act on behalf of DV victims. This has implications for message design of DV bystander intervention campaigns. No significant differences were found in terms of the different Twitter messages on participants' intent to intervene as a bystander of DV. Overall, all of the messages yielded high intent for bystander intervention.

Willingness to Talk about Mental Health: An Examination of Possible Inhibitors, Including Race, Class and Other Factors

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African Americans are significantly less likely to use mental health services (controlling for insurance availability), despite having the same incidence of mental illness as the overall population (Fiscella, Franks, Doescher, & Saver, 2002; APA, 2009). When they do seek mental health treatment, African Americans do so later in the course of their illness (Riolo, Nguyen, Greden, & King, 2005). Although mental health help seeking has been studied generally (e.g., Eisenberg, Downs, Golberstein, and Zivin, 2009; Cheng, Kwan, and Sevig, 2013), there are few studies on African Americans' willingness to communicate with and about mental illness. This study examined Black and White college students' (N = 1508) willingness to communicate with a hypothetical roommate showing signs of mental illness.

In a 2 (label, no label) X 2 (black, white) mixed measures design, students at a large public university and a historically black university in the Southeast completed an online survey with embedded experiment. Students evaluated three vignettes (within-subject), randomized in order of presentation, which described a roommate with either depression, bipolar disorder, or schizophrenia. Depending on the condition, students received these vignettes with the mental illness explicitly identified (label) or merely described (no label). Respondents were asked "How willing are you to talk to your roommate about her/his experiences?" on a 1 to 5 scale where 1 was "very unwilling" and 5 was "very willing." According to mixed-measures ANOVAs, black respondents were slightly but significantly less willing to talk than their white counterparts, $M_{black} = 4.04$, $SD = .83$; $M_{white} = 4.17$, $SD = .69$, $F(1, 1502) = 5.72$, $p < .05$. Presence of the label also explained willingness, $M_{label} = 4.09$, $SD = .73$; $M_{none} = 4.20$, $SD = .71$; $F(1, 1502) = 4.53$, $p < .05$. This finding was qualified by a significant label X vignette effect, Greenhouse-Geisser $F(1.56, 2338.07) = 5.82$, $p < .01$. When no label was offered, respondents indicated the greatest willingness to talk when the roommate exhibited symptoms of depression and the least willingness when symptoms suggested schizophrenia. No differences in ratings were found between vignettes when a label was present.

This study offers empirical evidence of differences in communication tendencies by race. (Self-perception of racial/ethnic stigma, level of religious involvement, socioeconomic status and personal or familial experience with mental illness are also examined in this study.) Results suggest that there is some ethnocultural difference in the African American attitude toward mental illness, as exemplified by the willingness to discuss it. The difference in the means of the label/no label presentations based on illness suggest that in the case of bipolar disorder and schizophrenia, the labels we attach to the conditions may be more inhibiting of discussion than the conditions themselves—a situation that merits further research in the drive to build a culture of health.

"You never know, God has the last say": How Parents Frame Decision-making for their Seriously Ill Children

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Over the past ten years, many children's hospitals have developed pediatric palliative care teams to meet the needs of children suffering from life-limiting illness and their families (IOM, 2014). These interdisciplinary teams assist patients and their families with not only physical care but also social, emotional and spiritual care (Himmelstein et al., 2004). One of the main tasks of pediatric palliative care team members is "to support problem solving and decision making for patients, their surrogate decision makers, and health care staff" (IOM, 2014, p. F-26).

This paper examined how parents/grandparents of seriously ill children used spiritual support as a resource for decision-making. Hospital narratives of research participants (n=20) were collected in semi-structured interviews and analyzed for themes to address the following research questions: RQ 1: What resources do parents draw upon to make medical decisions for their seriously ill children? RQ 2: How do parents enact their spiritual frameworks in clinical settings when faced with medical decisions for their seriously ill children? Participants were identified as Christian (Catholic, Protestant, Orthodox), Jewish, Buddhist, Spiritual but not religious, and no spiritual identification. Additionally, the researcher shadowed a pediatric palliative care team for 11 months, examining interactions in weekly team meetings as well as team member interactions with patients and their caregivers.

Parents identified four main resources used in decision-making: online sources; medical practitioners; friends, family and self; and spiritual sources. Participants considered social, emotional and spiritual support to be resources as well as information. Preliminary findings suggest that, while hospital personnel believe that medical information leads to good decision-making, many parents attribute their reasons for medical decisions to spiritual understandings rather than scientific ones. Furthermore, the responsibility of decision-making may be projected onto others, such as God or the child patient. Future research should explore ways palliative care team members can engage parents in spiritual conversations during the decision-making process as a way to alleviate the burden many parents experience when facing life or death choices for their seriously ill children. This student paper is part of a larger dissertation project that will be completed by the time of the conference. This will be the author's first time attending the KCHC.

"You're at their Mercy": Patients' Construction of the Personal-Relational Identity Gap within Infertility Health Care

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According to the Communication Theory of Identity, individuals communicate identity through personal (i.e., self), enacted (i.e., behavior), relational (i.e., relationship), and/or communal (i.e., group) layers (Hecht & Choi, 2012); yet, they can also experience identity gaps, which are contradictions between or within layers (Jung & Hecht, 2004; Miller & Caughlin, 2011). Infertility patients often experience a life crisis as they manage uncertain diagnoses and treatment outcomes, expensive treatments, medication side effects, and constant decision-making (Cousineau & Domar, 2007). Health care providers (HCPs) are a main source of support for infertility patients as they decide between treatment options; however, infertility patients have reported receiving inadequate HCP support (High & Steuber, 2014). To understand why patients are not receiving the support they desire, we explored if and how patients perceive themselves as different from HCPs when discussing infertility.

Participants were recruited from a university newsletter, a local fertility support group, and snowball sampling, if they were between 18-50 years old and had experienced infertility for six months or more at one time in their lives. Twenty-five individuals participated in in-depth, semi-structured qualitative interviews, ranging from 60 to 180 minutes. Interviews were transcribed verbatim and a grounded theory approach was used to theorize thematic connections (Charmaz, 2006). Throughout one year, the authors met regularly to compare themes and achieve reliability.

Two key themes emerged to explain a personal-relational identity gap between infertility patients and HCPs: (1) goals and expectations for treatment; and (2) the meaning of hope when discussing infertility treatment outcomes. In the first theme, patients primarily constructed infertility as a specific diagnosis; whereas, they perceived HCPs as constructing infertility in relation to treatment options. For example, one patient said she and her partner went through extensive treatment, yet they were "not getting any results at all with [our doctor]. He wasn't really doing a lot to try and figure out what was wrong. I was getting frustrated." In the second theme, patients defined 'hope' differently than HCPs. For example, one patient discussed that her HCP in trying to be supportive said, "You'll be pregnant by Christmas. You'll be pregnant by Valentine's Day. You'll be pregnant by Easter. He would always promise 'you're going to be pregnant by this day'. And, it's like how can you make that promise? You can't."

These findings have implications for social support and patient-centered communication (PCC) within infertility treatment through illness identity (Krieger, et al., 2015). One challenge in achieving PCC is that physicians often have difficulty gaining patients' perspectives on their illness and treatments, and thus often incorrectly evaluate patients' needs (Epstein & Street, 2007). One way for HCPs to achieve patients' perspectives may be by asking what infertility means to patients (i.e., infertility identity). Overall, these findings are important for future interventions to increase PCC and support between patients and HCPs by aligning personal and relational identity in at least two key ways during infertility treatment decision-making conversations.

'You Will Manage This Disease Like a Champion!': The Co-Construction of Metaphoric Frames for Living with Type 2 Diabetes

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In the past few years, many scholars have studied metaphors within the context of health care and disease. This research shows the value of metaphor analysis in understanding subjective experiences of diseases such as cancer (Bowker 1996; Domino, Fragoso, and Moreno 1991; Gibbs and Franks 2002; Harrington, 2012; Luker et al. 1996), mental illness (Fullagar & O'Brien, 2012; Mould, Oades & Crowe, 2010; Rofè, 2009), stroke (Boylstein, Rittman, and Hinojosa 2007) and dementia (Hamilton, 2008). In addition, metaphors have been shown to be useful tools for communicating about disease and wellness within particular discourse communities (Breheny & Stephens, 2010) and with the public at large (Condit & Condit, 2001; Jen, 2008; Jensen & King, 2012). Finally, metaphors have been shown to be of value in helping people cope with illness (e.g., Kates, 2002). Less research has explored the communicative construction of metaphoric frames. This deficiency is unfortunate, because research suggests there may be a relationship between the specific metaphoric frame placed on living with a particular disease and successful disease management. Fullagar and O'Brien (2012), for example, affirm the power of "battle" or "journey" metaphors for women with depression and note that metaphors such as "trap" can be immobilizing, making recovery more difficult. On the other hand, Goering (2015) found that "process" metaphors were most commonly associated with effective management of type 2 diabetes, while "battle" metaphors may be less appropriate for dealing with diabetes and other chronic conditions. Consequently, understanding how metaphoric frames are constructed and reconstructed would be useful so that the metaphors that tend to be associated with effective disease management for specific diseases can be fostered within the lives of people living with those illnesses.

Although little is known about the specific communicative processes that shape metaphors, there is no doubt that they are co-constructed through interaction. One would expect that discourse communities, with their shared language norms, co-create particular metaphoric frames, creating cultures of health that shape perceptions of disease and influence health-related behavior. In that regard, this study fits well with the theme of the 2016 Kentucky Conference on Health Communication, "Building a Culture of Health."

Specifically, this study examines the co-construction of metaphoric frames within online support groups for people living with type 2 diabetes. Using metaphoric analysis methodologies and the word mapping analytical tools in a qualitative software program, Dedoose, the study maps and compares the patterns in metaphor usage in five of the most frequently used online diabetes support groups. The goal of the analysis is to see whether discourse communities are formed around specific metaphoric frames and to illuminate the communicative processes through which metaphoric frames are constructed.

Building a Culture of Health in Communication Scholarship through the Presidential Precision Medicine Initiative

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Marleah Dean, University of South Florida
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Kami Silk, Michigan State University
Janice Krieger, University of Florida
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In his State of the Union Address on January 30th, 2015, President Obama unveiled details about the Precision Medicine Initiative (The White House, 2015). Spurred by the \$215 million dollar federal investment, Precision Medicine is a tailored approach to healthcare promoting the prevention and treatment of patients based on individual genetics, environments, and lifestyles to improve health outcomes. To achieve the goals of the Precision Medicine Initiative, the practice of medicine will necessarily undergo many changes. For example, the contribution of patient data to large datasets will be paramount to identifying specific pathways for personalized treatment, therefore patients routinely will be asked to contribute data (e.g., information, blood, tissue samples) to research. Consequently, issues such as trust, informed consent, and the patient-provider interaction will inherently change, requiring considerable interdisciplinary efforts to ensure positive patient outcomes (Mirnezami, Nicholson, & Darzi, 2012). Communication scholars are uniquely suited to lead these interdisciplinary efforts as research is needed to identify best practices for communicating information from the bench to the bedside including: securing public acceptance to interventions and research, promoting informed decision making and consent, and establishing adherence to tailored prevention and treatment recommendations (Khoury, Gwinn, Glasgow, & Kramer, 2012). An ecological perspective on communication in the medical consultation (Street, 2003) provides a foundation to consider unique communication challenges associated with the application of Precision Medicine. Using the ecological perspective, this panel culls experts in the field of health communication to discuss emerging opportunities in communication scholarship resulting from the Precision Medicine Initiative.

Minority Men's Health Initiative: A Transdisciplinary Approach to Health

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Raymond Samuel, Hampton University
Maria Elena Villar, Florida International University
Anna Lee, North Carolina A&T State University
Tonny Oyana, The University of Tennessee
Shari Wiley, Hampton University

Through strategic integration of partners across the nation, the Minority Men's Health Initiative (MMHI) aims at establishing translational research models that are sustainable and transferable. Recognizing the importance of transdisciplinary research, MMHI facilitates the communication between researchers in areas such as violence prevention, obesity, and geospatial mapping of health disparities among others. MMHI investigators are devoted to a participatory model of research, with community partners holding equity in the research. This panel will serve to highlight the ways in which MMHI researchers are building capacity throughout the region with four signature projects. The role of physical space as a contributor to health disparities will be examined through projects based in spatial analytics of violence hotspots and health inequity, and how the visualization of these promotes greater understanding at the individual and social levels. The effective cultural tailoring of interventions, and its application in real contexts, will also be explored as it relates to Hispanic fathers, African-American religious leaders, and youth at-risk for violence. The panel will also discuss the role of multilevel approaches in the creation of a culture of health communication across disciplines and sectors. As foundational to the work of these projects, panelists will address the ways in which this research reaches communities – the science of translating health disparity data to meaningful information for individuals. It is through the translation of findings that these researchers seek to build a culture of change not only within their fields, but also within the health of minorities throughout the nation.

Building a Culture of Safety and Evidence-based Healthcare

Carey Noland, Northeastern University
Lindsey Fay, University of Kentucky
Heather Carmack, James Madison University
Allison Carll-White, University of Kentucky
Aric Schadler, University of Kentucky
Kathy Isaacs, University of Kentucky
Kevin Real, University of Kentucky

In this panel, two different teams present their research on medical errors and healthcare design. The first team will present an overview of current literature on medical errors while the second team will discuss methods for assessing healthcare related issues in the built environment. Team 1 members of this panel will discuss published research and on-going projects on how communication and faulty systems can contribute to medication errors, appropriate responses to medical errors, and fostering a culture of safety. Included are (1) a survey of contemporary research regarding the important role of communication in the prevention, interception, and resolution/after-effect of medical errors and (2) a discussion of how to use communication theory and research methods in studying and designing culture of safety interventions and trainings. We connect this research to the built environment with an evaluation of a local healthcare environment presented by Team 2. Team 2 panel members from UK Healthcare, the UK College of Design, and the UK College of Communication and Information, will discuss a multi-phased pre- versus post-occupancy evaluation of the UK cardiovascular service lines to evaluate the impact of the built environment on health communication and its impact on care delivery. Data collection methods included behavioral mapping, communication documentation, pedometer studies, time studies, surveys, and focus groups yielding qualitative and quantitative metrics aimed at patient and staff communication, safety, efficiency, and satisfaction. Findings indicate overall satisfaction has increased among all users; however, there are opportunities for enhancing communication to strengthen teamwork. Attributes of the built environment that support or detract from effective communication will be discussed as they relate to the provision of care.

The Role of Health Communication Scholars in Clinical Research: A Closer Look at the Consenting Process

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Janice L. Krieger, University of Florida

Amber N. Finn, Texas Christian University

Patient and/or family consent to participate in a research study is the first of many factors affecting the execution of clinical trials. However, the initial consenting process is an area for potentially significant impact on public health through the identification of improved disease and critical care treatments. Health communication scholars have the opportunity to identify communication behaviors and recruitment messages that clinical research coordinators use to ensure greater comprehension of trial information by patients, particularly those who are from underrepresented populations, including African Americans and Hispanics. These communication behaviors include relationship-building efforts and the “translation” of difficult medical concepts through a variety of techniques. Although communication scholars have started to identify “best practices” for patient and family consent, few have taken the time to determine how to help research coordinators enact the behaviors effectively and efficiently. During this presentation, we will highlight best practices for consent, discuss ways coordinators can adapt to their audience, and suggest ways to design, deliver, and assess research coordinator consent training. Spending time and money to train research coordinators to adapt their communication behaviors and recruitment messages to particular patients and family members is one of the first steps health communication scholars can take to ensure a culture of health both inside and outside healthcare facilities.