**Health Communication in the 21st Century**

**Instructor’s Manual**

Lisa Sparks, Ph.D.

Chapman University

&

Kevin Wright, Ph.D.

University of Oklahoma

Grateful acknowledgement and thanks to Chapman University student Ava Brogi-Lichter who contributed her creativity, time, effort, and energy to this instructor’s manual and accompanying slides. The authors are especially thankful for her great attitude and dedication to helping us complete this manual to accompany our book, *Health Communication in the 21st Century.*

1. **Chapter One-Introduction**
2. Overview
3. The word “health” is usually associated with doctors, waiting rooms, and dieting.
4. The word “communication” is usually associated with interpersonal relationships, radio, and television.
5. “Health” and “communication” can be combined to study provider-patient relationships, relationships and physical health, and using new communication technologies in healthcare.
6. Arguments for the Need to Study Health Communication
7. One half of deaths in the U.S. are caused by behavioral and social factors.
8. The rate of mortality in cancer patients could be reduced by 60 percent if people followed early detection recommendations.
9. Very few studies have been done to show how people living with disease can improve their quality of life.
10. Healthcare, war, poverty, hunger, environmental justice, and lack of education about health issues are all problems that could be improved with better communication.
11. Defining Health Communication
12. Both health and disease are seen as being in a constant state of change.
13. Health can also be defined as the quality of a person’s life.
14. The study of health communication focuses on many different aspects of communication.
15. A Brief History of Health Communication Research
16. Research in health communication has grown all over the world in the last 30 years.
17. Communication scholars began studying healthcare system in late 1960s.
18. In 1972 the Therapeutic Communication interest group of the International Communication Association was formed.
19. National Communication Association formed in 1985.
20. Universities have recently been expanding their health communication programs.
21. Prominent theories used in health communication originated in communication, social psychology, and anthropology.
22. Current Challenges to the Healthcare System and the Role of Health Communication Research
23. Aging population
24. In the future, people will be living to be much older than they do now, and health problems increase as you age.
25. Challenges to the health care system will include negative stereotypes of elderly patients, misunderstandings about the aging process, and health insurance needs of older people.
26. Cultural Diversity and Healthcare
27. People from different cultures have different perceptions of health.
28. Culture is often associated with health disparities, access to healthcare services, and health literacy.
29. Tension Between traditional and new approaches to healthcare
30. Physicians and healthcare providers have been trained to follow the *biomedical model of medicine*.
31. This approach does not take into account the psychosocial aspects of illness.
32. Homeopathic approaches to curing illness have become increasingly popular.
33. Palliative care is used more frequently to eliminate pain rather than prolonging a miserable and disease-filled existence.
34. Funding for health research
35. Funding for healthcare has been mainly focused on the War on Terror and the costs are substantial
36. Researching funds that were once given to the National Institutes of Health and the Centers for Disease Control and Prevention are now going to the Department of Homeland Security.
37. Changes to health insurance and managed care
38. Health insurance and health services are constantly rising in cost.
39. Health communication researchers are discovering that high provider turnover rates and other expensive problems can be related to communication.
40. Health communication researchers are figuring out ways to reduce the costs that are passed down to consumers.
41. The impact of new technologies on healthcare
42. Advances in technology have affected how we communicate within the healthcare system and how we communicate about health in daily life.
43. Not everyone has access to technology or the skills to use it.
44. Summary
45. Medicine, public health, psychology, and business, are contributing to the health communication area.
46. Although health communication research has advanced over the last 30 years, many problems still stand in the way for future health communication research.
47. These issues will be confronted by health communication researchers and make improvements to the healthcare system and health outcomes.

**Questions:**

1. What are some examples of how being a part of a different culture could affect your health communication?
2. Why do you think that health communication research has been most predominant over the past 30 years?
3. Why do you think that the psychosocial aspect of medicine is important in the *biomedical model of medicine?*

**Activity:**

Discuss how you think that health and disease are in a “constant state of change.”

1. **Chapter Two-Provider-Patient Communication**
2. Overview
3. For most people, it seems that more time is spent waiting for a doctor to treat you than actually talking to the doctor about your problem.
4. The fact that you might not have been able to ask the doctor about all of your concerns proves that there are many communication problems within a healthcare setting.
5. The ways in which healthcare professionals communicate with their patients can cause either positive or negative outcomes to the patient’s health, depending on how well they communicate.
6. Provider and Patient Views of Health and Healthcare
7. The ways in which healthcare is perceived by patients is quite different than how it is perceived by providers.
8. Providers have experience and education in healthcare to influence their perceptions.
9. Patients have the media, interpersonal channels, and the experiences of their own health history to influence their perceptions.
10. Provider Perspective
11. Provider Training
12. Providers start out with the same level of experience as patients do, and the type of provider can affect how much experience and education they have in their field.
13. Medical doctors are more respected providers because of the years of education and difficult tests they must pass to acquire their position.
14. Medical doctors must go to school for four years where they focus on physical health and the development of clinical skills more than communication skills.
15. After four years of school, medical doctors must then complete an internship and residency.
16. Like medicine, dentistry includes many levels of experience and education.
17. Provider communication skills training
18. Researchers believe that with more communication education in healthcare providers, there will be more positive health outcomes for patients.
19. Because of new communication research, the AMA has decided to implement new communication skills tests in addition to other required training.
20. Most medical students would argue that communication skills are all a part of common sense, and that it is unnecessary to study them.
21. Medical students who received actual practice with patient communication were more confident in their abilities to communicate.
22. Female medical students tend to be more able to communicate effectively than male medical students
23. Challenges providers face in healthcare delivery
24. *Rising costs of healthcare competition*
25. Over 1 trillion dollars is spent on healthcare annually in the U.S. alone.
26. Provider behavior is influenced by increasing the availability of health services to patients while simultaneously cutting costs for healthcare.
27. *Impact of managed care on provider-patient communication*
28. While managed care has recently been on the rise, many people do not agree with it even though it allows them to afford healthcare.
29. Capitation gives patients an opportunity to know about less expensive procedures that can be done in place of more expensive procedures.
30. Most providers do not approve of managed care because they feel rushed when with a patient and therefore cannot communicate everything they feel is important to the patient’s health.
31. Provider perceptions of patients and communication
32. Diseases and conditions can have similar symptoms, so it is important for a provider and patient to communicate well in order to determine if their condition is serious or not.
33. The information that a patient gives the provider about their symptoms is combined with information from physical exams, diagnostic tests, consultations from peers, and information from medical books and databases.
34. Providers may not always be correct in diagnosing the problem with the patient, which could be a result of the patient not self-disclosing valuable information that they may be embarrassed to talk about.
35. It is often hard to communicate with young children about their health because they lack the developmental skills.
36. *Assessing Patient cues*
37. Social cues like race, gender, and age, and physical cues such as obesity can usually affect how providers communicate with their patients.
38. Providers can engage in selective perception when communicating with patients.
39. Patient Perspective
40. Patient socialization
41. We learn how to be a patient from what we observe in the media.
42. We learn from family and friends how to socialize with providers and how to be a good patient.
43. Some people use negative metaphors to refer to their doctors if they feel they are being too impersonal.
44. Sex, culture, and age can affect how often a patient sees their doctor, and therefore can affect the provider-patient relationship.
45. Patient Perceptions and expectations
46. Our experiences that we have had with healthcare are etched in our memory as schemas, or mental structures that help guide our behaviors.
47. If a patient’s schemas are violated, they can either react positively or negatively to the change.
48. Patients with a paternalistic view feel that the provider should take control in a health situation.
49. Patients with a consumeristic believe that they should be asking many questions to the provider and take control themselves.
50. Patient uncertainty
51. Normally patients have a higher level of uncertainty when seeing a provider because they have less knowledge about medicine in general, which can make them feel uncomfortable.
52. Patient uncertainty can be brought on by not understanding the technical language providers use, knowing that doctors can often make mistakes in diagnoses, and receiving all of this information while attempting to stay positive.
53. Problem integration theory, developed by Austin Babrow, suggests that uncertainty is mostly caused by the values of the patient experiencing the illness.
54. Patient needs and goals
55. Some patients go to the doctor with small symptoms because they fear that their symptoms may be indicating something more serious in the future.
56. Patients want to be taken seriously and not dismissed immediately when they say they have a problem.
57. Patients expect their providers to show their concern, give emotional support, reassurance, and interpersonal warmth.
58. Provider-Patient Interaction
59. Communication accommodation theory as a framework for understanding provider-patient interaction
60. Communication accommodation theory suggests that when we are communicating with people we modify or adjust our communication to fit in with whomever we are communicating with.
61. We use convergence to adapt our communication to emphasize similarities in terms of speech, gestures, topics, etc.
62. We use divergence to show differences between ourselves and other individuals based upon differences in social groups.
63. Characteristics of problematic provider-patient communication
64. Providers often feel pressed for time when talking with a patient, so they may overlook certain symptoms or diagnose conditions too quickly.
65. The provider looks at a patient’s chart prior to speaking with them in person to save time.
66. Provider-patient communication occurs either at the content level (verbal) or the relationship level (nonverbal).
67. Patients should not give all control to the provider because then they may not be communicating important information that could be valuable to their health.
68. Improving Patient-Provider Communication
69. Addressing patient concerns
70. Providers have been using patient-centered communication, which focuses on the patient as a “whole person” in the context of their psychological and social circumstances.
71. More healthcare facilities are taking a more “holistic” approach to medicine, both in the environment and in their practices.
72. Providers shouldn’t interrupt patients, should ask them more open-ended questions, and remember to avoid patronizing them while at the same time staying on their level of education so they can understand them.
73. Recognizing provider perspectives and needs
74. Patients should realize that providers are under a lot of pressure to diagnose multiple other patients and that they can’t ever be perfect.
75. Patients should do everything they can to become more knowledgeable about their health.
76. Outcomes of Provider-Patient Communication
77. Satisfaction with healthcare
78. Patient satisfaction can affect adherence to treatment and better health in general.
79. A higher patient satisfaction has been noticed when a provider has a skill in communicating warmth and understanding, while balancing biomedical concerns simultaneously.
80. Adherence to treatment
81. Good provider-patient communication causes a patient to be more knowledgeable about their symptoms, which makes their provider more credible, and in turn makes them more likely to take their medication.
82. When a provider doesn’t communicate possible side-effects or ask about lifestyle choices, the patient is less likely to take the medication because they are unaware of the risks they may be taking.
83. Physical and psychological health outcomes
84. More patients who have good communication with their provider have reduced anxiety, psychological distress, less pain, and are more able to function normally.
85. Communication and Medical Malpractice Lawsuits
86. Costly medical malpractice suits cause insurance rates to skyrocket.
87. Between 1995 and 2000, medical malpractice awards rose 70 percent.
88. Medicare and Medicaid have requested more federal funding as a result of malpractice lawsuits.
89. Most patients who make malpractice claims say that they had communication problems with their provider.
90. Summary
91. A patient’s level of education, experience, and training can affect communication between patients and providers.
92. Perceptions about health and healthcare, needs, goals, and interaction styles should all be recognized when a provider communicates with a patient.
93. When a provider and a patient can successfully communicate, it can lead to greater patient satisfaction, improved health outcomes, and lower healthcare costs.

**Questions:**

1. What holds you back when communicating health concerns to your doctor?
2. Do you believe that communication skills in providers are “common sense” or that they should be learned and tested?
3. How might race, gender, and age, and physical cues affect how a provider communicates with a patient? How a patient communicates with a provider?

**Activity:**

Get into a group and pretend that you are all members of the AMA. Talk about what kinds of questions should be on the communication skills test, and how you will deliver the test etc.

1. **Chapter Three: Caregiving and Communication**
2. Overview
3. There are over 50 million caregivers in the United States alone.
4. A caregiver is someone who does not receive money for assisting loved ones.
5. Most providers treating end-of-life patients have not been trained in that area.
6. Caregiving
7. Characteristics of people requiring long-term care and caregivers
8. Because people have increased life-spans, middle-aged individuals are learning that they must care for both their children and parents in what is called a “sandwich generation.”
9. Most people cannot afford professional caregivers, so patients end up receiving treatment from family members who are not qualified.
10. Women tend to be caregivers more than men.
11. Caregiver roles
12. Communication from caregivers can affect the outcome of a patient’s health.
13. Caregivers will see an increased amount of stress as their loved one gets closer to death and requires more attention, on top of the caregiver’s everyday tasks.
14. Communication competence is the ability to construct appropriate and effective messages to meet goals/needs so that relationships can be successfully maintained.
15. Caregiving and changes in relationships
16. Partners may experience lower marital satisfaction when one of them is using all their time being a caregiver.
17. Caregivers should understand that their patient could be experiencing a change in identity.
18. Communication issues surrounding symptom management
19. Caregivers and people with long-term illnesses can mutually affect each other both psychologically and physically.
20. It is important for the patient to be able to properly communicate their level of pain to their caregiver, so that their caregiver can treat them accordingly.
21. When a patient is unable to communicate their pain level due to their illness, the caregiver runs the risk of either under-medicating or over-medicating the individual.
22. If a patient cannot verbally communicate their pain level, they must rely on non-verbal cues such as facial expressions to inform their caregiver of how much pain they are in.
23. Communication challenges association with caregiving
24. Willingness to communicate concerns
25. Many caregivers will not bother others with concerns because they do not want to burden them.
26. Not communicating their concerns to others can cause caregivers to increase their stress.
27. Communication of emotional support
28. Emotional support can be difficult to give to patients when they are irritable, confused, or aggressive.
29. However emotional support is very important to the health of the patient.
30. Hospice and Palliative Care
31. History of hospice and palliative care
32. A hospice provides care for patient’s in the last phases of their lives and allows them to die in peace.
33. Hospices were originated by Dame Cicely Saunders in England.
34. In 1967 Saunders opened the first hospice in Sydenham, England.
35. In 1974, the first hospice to be opened in the U.S. was opened in Connecticut.
36. Over 90 percent of hospice care is now provided in patient’s homes.
37. Hospice services and care
38. Before a patient joins a hospice, their vital stats are discussed and they are given a plan of care that will be revised as needed.
39. While most people choose to have their hospice in their own home, there are also hospice facilities for those who do not have loved ones to care for them.
40. Hospice teams will usually provide patients with ways to cope with death emotionally, psychosocially, and spiritually.
41. Barriers of hospice care
42. In the late 1990s, less than 50 percent of patients with terminally illness received hospice care.
43. Most hospices will not accept patients who have a chance of living.
44. Many health insurance programs do not offer financial assistance for hospice programs.
45. Thirty percent of hospice patients die within a week of their admission, making it impossible for hospice workers to perform the physical, psychological, spiritual, and social needs of the patient.
46. Differences in culture can interfere with the treatment of hospice patients.
47. Palliative care
48. Palliation is any treatment that relieves symptoms and suffering.
49. Curative care is treatment that prolongs life.
50. Hospices utilize palliative care so that patients can live their last days of life comfortably, making them more likely to accept death.
51. Barriers to palliative care
52. Palliative services are limited by insurance reimbursement restrictions.
53. Many palliative care patients are not given sufficient pain medication dosage because their providers worry about giving them an overdose.
54. Attitudes Towards Death and Dying
55. In western culture, death is rarely discussed and is thought of as a taboo topic.
56. Patients with life-threatening illnesses can become frustrated if loved ones or healthcare providers avoid the topic of death.
57. Positivists are people who reflect positively on their life and believe they have achieved their goals and are satisfied.
58. Negativists are people who don’t feel satisfied with the life they lived, and may have not been able to achieve their own personal goals or regret things they did.
59. Many providers may lack the communication skills to talk to patients about dying.
60. Communicating with others about death and dying
61. Advance care directives are legal documents that tell family members about what the patient wants after he or she dies.
62. Advance care directives can help decide whether a person should be left on life support if they were to go into a coma, or if the person would prefer to be taken off life support if there is no hope for them.
63. Advance care directives come in many different forms. There is instruction directives, proxy directives, non-detailed directives, and disease detailed directives.
64. Although it’s an uncomfortable topic, both providers and patients should be willing to communicate about their values concerning life and death.
65. Coping with the death of a loved one
66. Most people go through either grief, bereavement, or anticipatory grief when a loved one dies.
67. Reactions to grief
68. Everyone reacts to grief differently, whether it be a loss of appetite or simple shock.
69. Grieving period varies between each individual, and thoughts of the loved one can either bring on joy or sadness.
70. Some people may react to grief very negatively, such as depression or substance abuse. Counseling should be given to those having these problems.
71. Organ donation
72. Currently there are 88,000 Americans waiting for an organ donation, but since organ donation is generally given a negative perception in the United States, there is quite a shortage.
73. It is important for individuals to carry around their organ donor card so that there is no confusion about their wishes to donate their organs.
74. Summary
75. More and more people are becoming caregivers for loved ones as a result of increased life span in individuals.
76. For patients with terminal illness and a short time to live, hospices and palliative care are available to make their death an easier process.
77. Communication is important when it comes to coping with the death of individuals, because plenty of support is needed to get loved ones through difficult times.

**Questions:**

1. What are the pros and cons of having a hospice in one’s home versus a hospital?
2. Do you think it’s important for loved ones to talk to patients about death/dying if they are at risk for it? Why or why not?
3. What would you consider a “healthy” grieving period and what would it entail?

**Activity:**

Imagine that you must become a caregiver for a loved one and make a detailed schedule of all the responsibilities you must fulfill and how often you should do them.

1. **Chapter Four: Social Support and Health**
2. Overview
3. Social support from family and friends can either be beneficial or detrimental to our health.
4. Types and Functions of Social Support
5. Types of Support
6. Instrumental support offers tangible types of support to loved ones.
7. Emotional support can be listening to a loved one’s troubles.
8. Esteem or appraisal support can be given when a person is feeling stressed and one can validate their stressful situation.
9. Informational support can be information you receive from a friend involving relationship advice.
10. Proactive support is a type of assistance that helps someone circumvent their problems.
11. Reactive support can help someone who is having a disruption from normal life events.
12. Positive and negative functions of support
13. All types of support can be seen positively or negatively depending on the individual or problem that an individual is facing.
14. Instrumental support can be perceived negatively by those who receive it yet believe that they are capable of performing tasks on their own.
15. While informational support can be helpful in informing a patient about their condition, too much informational support can overwhelm an individual.
16. Emotional support is usually perceived as beneficial, except when the person giving the support seems to minimize the problem and belittle the individual.
17. Esteem support can help those who have a health problem that seems to alienate them from their peers, such as HIV.
18. Models of Social Support and Health
19. Stress and health
20. Physiological responses to stress promote survival in times of crisis.
21. Sensory changes in the central nervous system relay information to the brain and trigger stress.
22. Stress can have a negative affect on the cardiovascular system
23. Stress causes a frequent release of cortisol into the bloodstream can be detrimental to the body’s immune system and thus make individuals more susceptible to disease.
24. Stress and social support
25. The buffering model of social support states that social support can protect individuals from the negative effects of stress
26. The main effects model of social support states that there is a direct relationship between social support and physical and psychosocial outcomes.
27. The relationship between social support and health can vary between individuals depending on coping styles and adaptation to stressful situations.
28. Coping strategies and health outcomes
29. Problem-focused coping involves an action-taking strategy to coping with stress.
30. Emotional-focused coping involves venting one’s frustrations to an individual.
31. Avoidance-focused coping involves ignoring the stressful issue.
32. Perceptions of Support Providers
33. Social comparison theory and social support
34. According to the social comparison theory, people assess their own health and coping mechanisms by comparing them with their peers
35. If an individual is having upward comparisons, they may feel that they are not coping as well as their peers, or if they are having downward comparisons, they may feel that they are coping better than their peers.
36. Reciprocity and social support
37. The equity theory states that individuals may feel under underbenefited when there are more costs than rewards in a relationship, and vice versa when we feel overbenefited.
38. Caregivers may often feel underbenefited, while patients being cared for may feel overbenefited.
39. Strong Tie Versus Weak Tie Support Networks
40. Most strong support for patients comes from family members and close friends.
41. Weak tie relationships happen with people who may communication on a regular basis, but who don’t consider themselves friends or family.
42. Many people will prefer information about their health from weak tie support networks because they may provide information not available from more intimate relationships.
43. Communicating about illness in weak tie vs. close tie networks
44. Researchers have found that people who communicate with close tie networks about an illness will often be steered clear of discussing the topic because it is hard for their friends and family to discuss it.
45. Weak tie support networks are more likely to inform the patient about their illness and not hold anything back.
46. The Role of Communication in the Social Support Process
47. Comforting messages are things that are said to help relieve stress about a situation, and they can only be successful if the individual has a certain level of cognitive complexity.
48. Cognitive complexity can depend on your life experience or how intelligent you are.
49. Sometimes supporting others through comforting messages can be difficult, for example if the comforting messages provider has no idea what it’s like to be in their friend or family member’s position.
50. Interactive nature of support provision
51. A support provider may attempt to either solve the person’s problem, support the person emotionally, dismiss the person’s problem, or escape from dealing with the issue.
52. Support Groups for People with Health Concerns
53. Over 25 million Americans use support groups, and they are currently the most popular way to discuss one’s physical or mental health condition.
54. Support groups all differ from each other in that some are affiliated with hospitals and operated by professionals, while others are less formal and operated independently.
55. Reasons why people join support groups
56. Many people feel that they are not being treated supportively socially.
57. By not having support, an individual is increasing their chances of having an inadequate immune system, longer recovery time, disease vulnerability, and higher stress levels.
58. Difficulties communicating about illness within traditional social networks
59. Having a health condition can make an individual more likely to go through an identity crisis.
60. Many people with a health condition may feel too embarrassed to communicate their problems to just anyone, and as a result may feel isolated.
61. People with health conditions may not want to communicate about their worries of mortality because they fear it will spur uncomfortable emotions that other people find hard to communicate about.
62. Other factors influencing support group participating
63. Gender, race, and social status can all affect a person’s decision to join a support group.
64. Most support groups include white, middle class, well-educated females, although it is difficult to obtain data from support groups because of their anonymity.
65. Communication Processes within Support Groups
66. Use of narrative
67. A narrative is a person’s personal story about their life and dealing with their disease and illness which is typically shared at a self-help meeting.
68. Narratives place events in a sequence, which can give the storyteller and the listeners different perspectives of the disease.
69. Being helped by helping
70. Other members of a support group can be there to help individuals cope with physical, psychological, and social issues involved with their disease or illness.
71. Members of self-help groups who share their own stories feel valued when they can help others and thus feel a sense of purpose and self-worth.
72. Summary
73. Social support is important to our physical and mental health.
74. While some people find their best social support within close ties, others opt for weak ties, like support groups.
75. Support groups are beneficial for people in that they give individuals an opportunity to share their stories and not only be helped, but help others.

**Questions:**

1. Which function of support do you believe has the most pros and least cons?
2. How do you think that a person’s gender, race, and social status can affect their decision to join a social support group?
3. Do you think that getting psychological help for a disease is just as important as medical help? Why or why not?

**Activity:**

Get into a group and pretend to hold a support group for a certain disease. What types of questions should you ask? What kinds of support can you give each other?

1. **Chapter Five: Culture and Diversity Issues in Healthcare**
2. Overview
3. Perceptions of illness and health can greatly vary from culture to culture.
4. Healthcare has become so culturally diverse that healthcare organization have began to implement intercultural communication training programs.
5. Patient Diversity
6. In the last decade, the population of white Americans rose by 3.5 percent, while the population for other ethnic groups rose by more than 43 percent.
7. Many minority groups lack the income needed to afford proper healthcare in the United States.
8. Language barriers can prevent patients from learning the proper treatment for their illness and therefore cause a miscommunication that could affect their health.
9. Cultural Differences in Concepts of Health and Medicine
10. Different cultures have different beliefs about health that are passed down from generation to generation, and day-to-day communication influences how we perceive reality.
11. Many providers do not have the training needed to understand the ethnomedical belief systems of patients from other cultures in the United States.
12. Cultural differences in attributions of illness/health
13. Some cultures may believe that evil spirits are the cause of disease and illness, or some take a more fatalistic approach to disease.
14. Many cultures are not familiar with normal medical procedures such as surgery or blood transfusions, which can cause them to be more apprehensive to have them performed.
15. Acculturation
16. Immigrants who come to the U.S. often adopt an American lifestyle and acquire unhealthy habits which could lead them to disease.
17. Because many of them attribute poor health to a spiritual cause, they may not know to see a doctor.
18. Informed Consent
19. In the U.S., everyone has the legal right to be fully informed about their health condition.
20. In some cultures, it is customary to inform the patriarch in the family of a patient’s condition and let them decide the course of action to take.
21. Medical interpreters must interpret the diagnosis of the patient correctly while respecting their culture simultaneously, which can lead to miscommunication.
22. Cultural differences of people born in the United States
23. Depending on where you live, individuals may have different eating habits that can lead to health problems.
24. Individuals in older age groups prefer to be communicated in a jargon-free style, whereas younger and middle aged patients prefer to have all the medical information in their messages.
25. Recognizing Cultural Diversity in Health Beliefs
26. It is extremely important for providers to be aware of cultural differences when communicating about health.
27. It is important for providers to have a high satisfaction rate with their patients so that they do not lose business to competitors.
28. Because American people’s perception of themselves is quite different from how other cultures perceive Americans, it is important for providers to keep this in mind while communicating.
29. Barriers to providing culturally sensitive healthcare
30. Most healthcare facilities do not have the proper amount of translators who understand the ethnomedical belief system of patients.
31. Alternative Medicine
32. Alternative medicine such as herbal remedies, acupuncture, osteopathy, chiropractics, yoga, massage, guided imagery, and therapeutic touch have become increasingly popular in the United States recently.
33. Some prescription medications should not be mixed with herbal remedies, so it is important for patients to tell their doctors if they are using any alternate medicine.
34. Biomedical practitioners formed the American Medical Association to write medical books that detailed biomedical approaches.
35. Many people dismiss homeopathic medicine and do not believe that it actually works.
36. While biomedical approaches to medicine may be more effective at times, they can also have very negative side effects, such as chemotherapy and its nausea side effect.
37. If an individual receives a good prognosis for their illness, they will probably choose a biomedical approach to be sure they can get rid of their disease, while an individual with a short amount of time to live may choose the less aggressive, homeopathic approach.
38. Spirituality, Culture, and Health
39. Religious and spiritual beliefs can either influence cultures in general or specific ways.
40. Religion and psychological/physical health outcomes
41. Most religions practice healthy lifestyles, and it has been found that regular church goers have fewer cases of depression, reduced likelihood of being hospitalized, and fewer mortality rates.
42. Religion and social support
43. Being a member of a church can help increase one’s social network and therefore receive more social support in times of need.
44. It is believed by the support group Alcoholics Anonymous that a higher power is needed to help alcoholics to not drink.
45. Social Implications of Illness
46. We perceive health and illness under the influence of mass media, religion, institutions of higher learning, family and peers, and larger cultural perspectives of social life.
47. Stigma and disease
48. Many diseases carry a negative connotation or stereotype with them.
49. HIV/AIDS
50. Because the media puts such a strong emphasis on sex, many people engage in unsafe sexual behaviors.
51. HIV was first prominent amongst gay men and intravenous drug users, and thus has caused individuals to see it as an unacceptable disease.
52. Cancer
53. When a person is diagnosed with cancer, it often produces a negative effect on interpersonal relationships because of people’s fear of death and dying.
54. It is believe that cancer patients should adopt an “agency” approach to care in order to realize self-empowerment.
55. Alcoholism
56. Many “normal” drinkers look down upon people with alcoholism because they feel that alcoholics should be able to control their drinking.
57. In actuality, a person who is addicted to alcohol may have little or no control over how much they drink and how often they drink.
58. Mental illness
59. The mass media has caused mental illness to be perceived as something that only “psychos” would have, and they are thus thought of as dangerous.
60. In actuality, the most common mental illnesses do not make an individual dangerous, but because of these stereotypes, those who have mental illnesses often feel shunned and isolated from other people.
61. Changing Social Perceptions of Health Issues through Communication
62. By changing stereotypical terminology to describe disease patients, some diseases can be changed to be seen in a more positive view.
63. Narratives that people tell about their particular disease can change how others perceive that disease, depending on how they tell it.
64. Alcoholics who are attempting to get sober might find it useful to hear the narrative of an alcoholic who has already recovered so that they will not feel so alone in their struggles and feelings.
65. Because many people perceive cancer as a hopeless disease, individuals who get cancer may enact a self-fulfilling prophecy and let cancer win instead of attempting to fight.
66. Support groups and storytelling can help people to overcome the social stigmas associated with some diseases.
67. Provider Diversity
68. There is a shortage of racial and ethnic diversity amongst healthcare providers, which can lead to communication problems amongst the increasing amount of racial and ethnic diversity amongst patients.
69. Diversity in terms of status and medical specialty is quite vast amongst medical doctors.
70. Cultural differences amongst providers can lead to communication issues with patients in terms of recommending treatment for certain diseases.
71. Summary
72. While diversity is emphasized in healthcare, there are still various aspects that do not address diversity properly.
73. Disease management, provider-patient relationships, and quality healthcare delivery create many problems involving diversity.
74. It will be known that by embracing diversity in healthcare organizations, providers will be able to most effectively treat any and all patients.

**Questions:**

1. Do you think there is a way to solve the problem of the ethnomedical misunderstandings between providers and patients of different cultures?
2. Why do you think that it is believed that a “higher power” is needed to help Alcoholics Anonymous and other support groups get through their hard times?
3. How do you think the general public should change the way they treat HIV/AIDS patients, cancer patients, alcoholics, and those with mental illness?

**Activity:**

Write a short narrative and pretend that you are either an HIV/AIDs positive patient, cancer patient, alcoholic, or mental illness patient, about how you wish providers would change the ways in which they communicate to you and what they should do to put these changes into effect.

1. **Chapter Six: Communication and Healthcare Organizations**
2. Overview
3. Good communication given by healthcare providers can help save lives.
4. Because of the complexity of modern-day healthcare facilities, communication is vital to allow for the proper function of the facility.
5. Healthcare Organizations as Systems
6. Hospitals can be viewed as systems in that there are many interrelated units, as well as larger systems that oversee daily operations of the hospital.
7. The systems of healthcare organizations have a large impact on patient care, in that one system may have one opinion about a patient’s prognosis, while the other may have a completely opposite opinion.
8. Characteristics of systems
9. Different units of a system are interdependent.
10. Communication between hospitals and other units of health organizations is vital in order for the hospitals to function effectively.
11. Systems must use homeostasis to balance themselves out in order to fit changing conditions.
12. Systems must also achieve equifinality, a term which means that healthcare organizations must use different strategies to achieve their goals and maintain a sense of equilibrium in their organization.
13. Communication is vital to achieving homeostasis and equifinality.
14. Types of Healthcare Organizations
15. Because of the diverse health needs of the population, there are currently more types of healthcare organizations there ever have been.
16. Most types of healthcare organizations are interdependent or influenced by one another in some way.
17. Health insurance organizations can help patients manage the cost of healthcare and pay providers for their services.
18. Investor-owned and nonprofit hospital systems are important in pooling more resources than medical groups.
19. Federal government organizations engage in research to influence healthcare practices within healthcare delivery organizations.
20. Many organizations monitor healthcare organizations to make sure that they are doing their best in providing the most quality service to patients.
21. Communication within Healthcare Organizations
22. Organizational information theory and healthcare organizations
23. Communication is vital within health organizations to make their interrelationships function.
24. Organizational information theory is the ways in which organizations collect, manage, and use information they receive, and that change is a constant that should be confronted regularly.
25. Organizations rely on members within the organization to interpret information and not only troubleshoot problems, but decide whether a problem is necessary to fix.
26. When communicating, organizations complete cycles which are made up of an action, a response, and an adjustment.
27. Ambiguous information is passed on to specialists in the required field or a hierarchy.
28. Downward communication is when higher level administrators communicate a problem to lower levels of hierarchy.
29. Upward communication is when lower levels of the hierarchy communicate a problem to higher level administrators.
30. Horizontal communication is when problems are communicated to administrators that share the same status.
31. Formal communication networks are typically written or oral memos that are associated with the organization.
32. Informal communication networks are typically discussed amongst friends in a more casual manner.
33. Healthcare Organization Culture
34. Healthcare organizations are like cultures in that they perceive it in a unique way through day-to-day interactions
35. Symbols, stories, and rituals are used to create meaning within a culture, and the physical layout of the organization can show the beliefs, attitudes, and values of it.
36. Organizations can use stories from the past to emulate what characteristics they respect and disrespect in their staff.
37. A more home-like environment can inspire patients at healthcare organizations to have better communication with providers and overall increased satisfaction with the organization.
38. Pamphlets and television commercials can demonstrate the beliefs, attitudes, and values that an organization has.
39. Co-cultures are created within the different staff members of an organization, and different beliefs of these co-cultures can sometimes result in conflict from misunderstandings.
40. Influences on Healthcare Organization Communication
41. Pharmaceutical and biotechnology companies
42. Pharmaceutical companies are the main suppliers for pharmaceutical drugs that can treat many different kinds of health conditions.
43. Pharmaceutical companies will often hold promotional sales events for new products, events in which food and drink serve as even more of a reason for providers to attend.
44. Direct-to-consumer marketing helps to sell pharmaceutical products by telling consumers to “ask your doctor” about a new drug.
45. It is controversial whether or not more expensive drugs are better quality than cheaper drugs.
46. Many more expensive drugs that are prescribed to patients are hard for less wealthy patients to afford, even if they are on Medicare or Medicaid.
47. Another controversial practice is a preceptorship, or when a representative from a pharmaceutical company spends the day with a physician to learn about medicine, and the physician receives an honorarium in return.
48. Medicine residents and faculty have been proven to have very little knowledge about the physician-pharmaceutical industry relationships, and it is important that more research is done prove or disprove ethical issues surrounding these relationships.
49. HIPPA
50. The Healthcare Insurance and Accountability Act was passed in 1996 in order to lower healthcare costs, safeguard identifiable patient data, and promote e-commerce in health.
51. Patient privacy

i. The patient privacy section of HIPPA insures that all patients’ verbal, written, and electronic data will be kept private.

ii. The privacy policy is having a $3 billion impact on the US economy, and is being paid off in the form of higher health insurance premiums.

1. Before HIPPA, third parties would have been able to see personal information regarding patients’ health, but now all personal information is secure.
2. HIPPAS effect on medical research

i. Because of the new privacy policy, it is more difficult for researchers to access information amount patients to conduct their studies.

ii. As a result, it is becoming more costly to conduct research both in terms of real dollars and time wasted.

1. HIPPAS effect on providers and patients

i. Doctors must always request permission from a patient before sending their medical records anywhere.

ii. Doctors are required to discuss HIPPA with patient if they ask about it, which some people think takes up valuable time, and other believe it increases patient-provider relationships.

1. Medicare and Medicaid
2. 74 million Americans who are either on fixed income, have a disability and therefore cannot be employed, or are below the poverty level depend on Medicare of Medicaid to give them health insurance.
3. Each U.S. state decides their rules and regulations on eligibility requirements for Medicare and Medicaid.
4. Medicare often doesn’t reimburse all the expenses required to cover certain medications, and thus can create problems for people who cannot afford their prescription drugs.
5. Insurance and managed care
6. Managed care facilities bring providers and patients together in the most financially beneficial way.
7. Traditional health insurance can cover health emergencies, like surgeries, and carry a deductible making consumers pay a premium.
8. Health maintenance organizations (HMOs) involve a prepaid amount of money given to provide access to a small network of providers, facilities, and services.
9. Preferred provider organizations (PPOs) give a broader range of choice when making a selection in their provider, meaning that they are covered by specialists if patients are having a specific problem.
10. Effects of managed care on provider-patient relationships

i. Managed care can be frustrating for patients or providers because the specialists that providers can refer their patients to is often limited, causing providers to not always be able to recommend what is best for their patients.

ii. Restrictions placed by managed care can often lead to a patient feeling that they can’t trust their provider as much as they would like to.

1. Provider Stress, Conflict, and Support within Healthcare Organizations
2. One main stressor experienced by healthcare providers is that of role conflict, or having to lead two different roles at the same time.
3. Another stressor is that of role ambiguity, in which the provider is unsure of the definition of their role.
4. Emotional labor can cause another stressor amongst providers, because they must keep a fine line between acting concerned for their patient’s health and being overly upset or emotional about their health.
5. Stress and Conflict
6. Providers work in a very fast-paced environment that is composed of very different people with a broad range of statuses and education levels, and must also engage in unpleasant tasks on a regular basis.
7. Individuals have different ways of dealing with conflict, such as being argumentative, verbally aggressive, or conflict avoidant.
8. Patient-provider conflicts often arise when patients become argumentative as a result of their own stress about their health.
9. Effects of job stress
10. If a provider experiences a burnout, they are engaging in a form of stress where they reach emotional exhaustion and as a result can negatively affect their job productivity.
11. Preventable medical errors are the eighth most common cause of death in the U.S., and most of these errors happen on account of low job satisfaction and the ability to focus on their task at hand.
12. Support and stress in the workplace
13. By having support networks in the workplace, research has shown that there are fewer burnouts and job satisfaction accounts.
14. Summary
15. Pooling together resources can contribute to changing conditions in healthcare organizations.
16. Healthcare organizations can be seen as a culture in themselves.
17. Pharmaceutical companies have a great influence on daily operations of healthcare organizations.
18. Stress and conflict in the work place can lead to many negative outcomes, but with a positive support network, these negative outcomes can often be avoided.

**Questions:**

1. In a hospital situation, do you believe that downward or upward communication would be more effective?
2. Do you believe it is ethical to prescribe more expensive drugs to less wealthy patients, even if the drug is better quality than cheaper drugs?
3. Is HIPPA’s patient privacy guarantee worth $3 billion? Is the fact that it is causing health insurance to skyrocket a bigger problem than patient privacy?

**Activity:**

Pretend that you are a doctor working in a high-stress environment. What are some steps you would take in order to keep your stress level low and your quality of work high?

1. **New Technologies and Health Communication**
2. Overview
3. The convergence of new technologies such as the internet, GPS systems, and software is effecting health communication for the better.
4. Because the US healthcare system has been so expensive in recent years, it is important for researchers to asses the benefits of new communication technology in relation to how expensive they will cost.
5. Health Information on the Internet
6. Health information access
7. Because internet searches about diseases and illnesses have become so common, many patients come to their doctor with a vast amount of knowledge to discuss with them, thus improving communication.
8. It has been found that most people use search engines like Google when inquiring about a disease or illness, but often times these search engines will bring up far too many links to choose from, and they may not give the information the patient is searching for.
9. Credibility
10. Because anyone with internet access can create a website, it is often hard to differentiate what is credible and what is not credible.
11. Credible websites are usually government, university, or research organization-sponsored websites.
12. Research shows that most health websites are not credible, and although attempts have been made to create guidelines for health information on the internet, it is hard to say whether they will be adopted on a large scale.
13. Literacy issues/undeserved populations
14. There are still many people who do not have access to the internet or people who have low literacy levels that cannot benefit from the information on the internet.
15. Efforts have been made to design senior-friendly software, software for those with disabilities, and facilities with free internet access available to those who cannot afford it.
16. New Technologies and Patient-Patient Communication
17. Health-related web communities and computer-mediated support groups
18. Advantages and disadvantages of online support groups

i. Because friends and loved ones often steer clear of a topic such as a terminal illness in a patient, many patients feel that they benefit from a support group where they can openly discuss their illness.

ii. Online support groups are excellent for finding people outside of the area in which you live and for finding support groups for very specific illnesses, as well as more diverse points of view from other support group members.

iii. Because many people may feel inhibited by they age, sex, or appearance, online support groups are a good way for people to feel comfortable protecting their identity and discussing their illness or disease.

iv. Research has found that it is therapeutic to write down your problems and it enables one to reflect and distance themselves in the time it takes for a response.

v. Disadvantages of online support groups include lack of immediate responses, difficulty in expressing emotions with the absence of non-verbal cues, the inability to touch others, and unwanted messages from other parties.

D. New Technologies and Provider-Provider Communication

1. Email, wireless/satellite communication, and electronic records

a. Email and wireless communication

i. Email can be beneficial for providers in that they can easily write to other healthcare organizations regarding their expertise about a patient’s condition.

b. Satellite Technology

i. Satellite technology allows for global communication in order to treat diseases.

ii. It is important for healthcare providers in Africa to be able to access medical journals via satellite technology to learn the latest information on HIV/AIDS treatment.

1. Wireless communication devices

i. Personal Data Assistants (PDAs) allow providers to send medical information about patients to other providers, pharmacologists, technicians, and other healthcare professionals.

ii. Wireless communication devices can eliminate the problem of poor handwriting in providers and thus reduces the chances of miscommunication.

1. Electronic records

i. It is believed that electronic records will help to prevent medical errors, reduce healthcare costs, improve administrative efficiencies, reduce paperwork, and increase access to affordable healthcare.

ii. Electronic records can help to prompt providers to ask important information about their medical history, lifestyle, and health condition.

iii. When referring a patient to another provider it is much easier and costs less to send a detailed description of their medical history by using electronic records.

1. Disadvantages of new communication technologies
2. Because there is less patient-provider contact when using a computer and it can make things more complex and therefore confusing for the patient, it may negatively effect the communication between the patient and provider.
3. Many patients are concerned about their privacy while using new technologies, and fear that third parties such as health insurance agencies will use their records to the disadvantage of the individual.
4. Telemedicine and providers
5. Telemedicine is “the use of telecommunications technologies to facilitate the delivery of healthcare at a distance for the direct benefit of patients” (Turner, 2003, p. 516).
6. The question of reimbursement to providers presents the greatest concern in using telemedicine.
7. Advantages of telemedicine for providers

i. Providers can easily consult other providers outside of their areas for an expert opinion of a patient’s diagnosis.

ii. The internet can be used to quickly retrieve patient data from laboratories, pharmacies, or technicians.

1. Continuing education
2. Most providers are required to fulfill and certain amount of hours per year of continuing their education.
3. In the past, providers have had to schedule their days off to make time to take courses in continuing their education, but now most can simply take their courses online and at their own pace.
4. New Technologies and Provider-Patient Communication
5. Potential for increased provider-patient interaction
6. While it is an option for patients to email their providers about health concerns, only 9 percent were found to have actually done so.
7. Many providers feel that giving their email address to patients is an invasion of their privacy.
8. An advantage of emailing providers is that patients can have more time to compose their thoughts regarding their condition and therefore may be able to communicate their concerns more effectively.
9. WebMD is a good way for patients to look up health information online, or chat with providers.
10. Ethical concerns have been raised about WebMD because of the fact that it’s sponsored by health organizations that advertise more expensive health products.
11. It is important for patients to follow up their WebMD diagnosis with their real provider because it is often difficult for online providers to diagnose an illness when they cannot run tests on the patient in person.
12. Telemedicine and patients
13. Research has shown that when a patient communicates with more than one provider at a time it can cause problems in addressing the patient’s concerns.
14. Managed care organization efforts to reach patients via the Internet
15. Managed care organizations that use the internet offer patients a cheap way of accessing information regarding lifestyle changes, diagnostic testing for diseases, and other inquiries about health problems.
16. One disadvantage to managed care organizations on the internet is that most of them do not offer ways of contacting real providers and also do not offer chat rooms or bulletin boards for patients to interact with providers online.
17. New Technologies and Health Campaigns
18. Tailoring health messages
19. New technologies are allowing organizations to reach a target audience for individuals interested in health campaigns.
20. Increased technology can determine someone’s demographics, psychological characteristics, and communication behaviors in order to reach the people who would most benefit from a product.
21. Advantages of message tailoring

i. Tailored messages are far more likely to reach an audience that will benefit from the messages.

ii. People are more likely to listen to tailored messages since they are targeted towards their own needs.

1. Process of message tailoring

i. There is a nine-step process to message tailoring.

ii. It is important for researchers to pay attention to the ways in which most people can be reached, for example a college student using the internet versus an older individual who is reading a pamphlet.

1. Summary
2. New technologies in health organizations have been beneficial in terms of gathering, storing, and disseminating health information.
3. The internet is becoming more popular for advertising health campaigns.
4. Although technology is mostly beneficial, it is still not readily available to everyone and there are still some barriers than stop certain individuals from having access to new technologies.

**Questions:**

1. How would you differentiate a credible health website from one that is not?
2. What might be some disadvantages of providers relying on the internet more to help diagnose patients?
3. What are some disadvantages to tailored messages?

**Activity:**

Imagine that you are a scientist working to invent a new form of technology to advance health communication. What would you invent and why?

1. **Chapter Eight: Mass Communication and Health**
2. Overview
3. Anything from television, to the newspaper, to celebrities can influence our perception of health.
4. Two Perspectives of Media Influence
5. Cultivation theory
6. Researchers believe that television is the most predominant influence on society’s perception of health because it is a relatively affordable medium and does not require literacy to understand.
7. First order effects are information that is learned from watching television, and second order effects are information that is more generalized and learned from television.
8. Uses and gratifications theory
9. The type of media that people concentrate most on depends on their various psychological and social needs.
10. Needs Fulfilled by the Mass Media Concerning Health
11. Information seeking
12. The media is beneficial for those seeking the latest information with the advent of diseases.
13. Entertainment, diversion, and tension release
14. Those who avoid watching news stories on health related issues can often obtain relevant information regarding health from popular TV shows such as ER or Grey’s Anatomy.
15. People who watch health-related TV shows often try to mimic their health behaviors.
16. Watching a humorous TV show can often reduce stress, and therefore have a positive outcome on your health.
17. Media use to fulfill social needs
18. The media can create conversation content regarding health issues.
19. The media can create a sense of connection with other people, for example letting them know that they’re not alone when someone has the same problem as they do.
20. Convenience
21. Many people believe that it is more convenient to obtain information about health related issues on television, in newspapers, or in magazines because they believe the internet to be too unmanageable.
22. Other people find more convenience in searching the internet to find exactly what they’re looking for, rather than taking the time to look through a magazine.
23. Media Usage, Health Portrayals, and Health Behaviors
24. Because Americans spend so much time watching television, shows that discuss health issues can help make positive behavioral changes.
25. Unrealistic portrayals of health situations
26. Most medical procedures are more successful in the media than in real-life.
27. Discussion between providers and patients is mostly biomedical and not psychosocial.
28. Patients with disabilities are treated in a stereotypical manner.
29. Unhealthy role models and the promotion of unhealthy behaviors in advertising
30. Characters in popular TV shows often are shown smoking, drinking alcohol, having unsafe sex, and eating unhealthy foods.
31. Because many people see celebrities as role models, some may believe that it is okay to engage in these unhealthy behaviors.
32. The influence of media on eating habits
33. Obesity

i. There are about 280,000 adults in the U.S. who die annually from obesity.

ii. Obesity causes a series of health problems, such as, diabetes, heart disease, hypertension, and cancer.

iii. Because television has become such a popular medium in the U.S., advertisers have taken advantage and are constantly promoting unhealthy foods.

1. Eating disorders

i. With the pressure from the media to be thin, more and more Americans are turning to anorexia or bulimia to get the body type they desire.

ii. Eating disorders are linked to many health problems, such as, cardiac arrest, kidney failure, malnutrition, and death.

iii. Most women portrayed in the media are about 25 percent thinner than the average American woman.

1. Media content and cosmetic surgery
2. The media can influence individuals to turn to cosmetic surgery in order to look attractive.
3. Because reality TV shows promote cosmetic surgery, many people get the surgery without truly knowing about the risks involved, and many also aren’t fully satisfied with the results.
4. Media content and acts of violence
5. Small children will witness thousands of violent acts before they reach elementary school.
6. Researchers believe that because video games are interactive, it may increase a child’s chances of becoming violent.
7. The relationship between media and substance abuse
8. Alcohol

i. When alcohol is advertised, it is usually depicted in a very attractive way and is targeted towards younger audience members.

ii. Sometimes alcohol advertisements caution individuals about the effects of alcohol, and advise individuals to drink responsibly.

1. Tobacco products

i. Recently cigar advertisements have claimed that it is classier and healthier to smoke cigarettes.

ii. Studies have shown that cigars are linked to all the same health hazards as cigarettes.

1. Media and sexual behavior
2. One in four Americans will have at least one STD in their lifetime.
3. In the media, sexual behavior is often portrayed in a positive light, and risks such as STDs or pregnancies are rarely discussed.
4. Direct-to-consumer advertising of prescription medications
5. Direct-to-consumer advertising promotes the attractiveness of a drug and encourages individuals to ask their doctor about the drug.
6. Advantages include increased knowledge about a product and increased patient-provider communication.
7. Disadvantages include the cost of the medications being advertised, unrealistic expectations about the outcomes of the treatment, conflicts with demanding patients, and unnecessary trips to the doctor.
8. Most direct-to-consumer advertisements are geared towards white, upper class, young individuals.
9. Health News Stories in the Media
10. Problems in the reporting of health news stories
11. Agenda-setting theory

i. Agenda-setting theory is a way of making people perceive a health issue by carefully choosing the selection and display of the news story.

ii. The media can purposefully underreport a health issue if they decide that not everyone would be accepting of learning the topic.

iii. Health issues that are underreported in the United States tend to be those that are in the minority, such as STDs.

iv. Overreporting tends to happen for news stories that involve deaths from catastrophic events, because people are more likely to be interested in more dramatic deaths, even if they aren’t as common as deaths by diseases.

1. Media bias and inaccuracies in reporting health issues
2. While the news should be “fair and balanced” when reporting information on health issues, it often will focus on certain aspects depending on social, cultural, and economic factors.
3. The news media typically relies heavily on sources for their health-related stories, but these sources are usually from narrow and privileged sources.
4. Because of time limits on certain news stories, valuable information can be excluded from the report.
5. Summary
6. Learning about health issues through mass media can either have positive or negative outcomes.
7. The media can negatively affect people by causing them to develop poor eating habits, substance abuse, or aggressive behavior.
8. The news media can be a good source of health information, however time constraints and other factors can often lead to inaccuracies.

**Questions:**

1. What can the media do to improve how they communicate health to audience members?
2. What is an example of how TV has helped understand your concept of health?
3. Why do you think that direct-to-consumer advertising is geared towards white, upper class, young individuals?

**Activity:**

Write a scene for a health-related TV show that you think could positively influence someone’s health. Why do you think this scene would be effective?

1. **Chapter Nine: Risk and Crisis Communication**
2. Overview
3. Since we are all at risk for health threats, researchers are coming up with ways to create messages that will properly warn people of these risks.
4. When a health related crisis strikes, it is important for government agencies, media sources, scientists, and healthcare providers to have good communication with one another.
5. It is often difficult to communicate health risks to all types of people who are affected by political and cultural conditions, racial injustice, and lack of financial and social resources.
6. Defining Risk Communication
7. Risk communication can be defined as discourse about physical hazards.
8. Many different groups are researching the best ways to communicate with the public about risk and safety, depending on their incomes, education, and whether they are members of marginalized groups.
9. While the ways in which the mass media alert us about health risks has increased, the general public still worries that they don’t fully understand the risks the health hazards contain.
10. Health communication scholars would like individuals to be more aware of the importance of communication following a crisis.
11. Global and Large-Scale Health Threats
12. Environmental threats/world hunger
13. Environment related diseases mostly effect low income individuals and consist of problems with waste disposal, overpopulation, smog, and pollution.
14. Environmental injustice refers to the disproportionate exposure to environmental dangers due to race, ethnicity, or socioeconomic status.
15. People suffering from hunger run the risk of developing various forms of malnutrition, such as stunted growth, susceptibility to disease, cognitive impairment, and early mortality rates.
16. Pandemics
17. A pandemic is a global epidemic of a disease or health problem.
18. HIV/AIDS

i. 20 million people worldwide have died of AIDS and about 38 million people were living with it at the end of 2003.

ii. Mostly low-income areas of the world are affected by AIDS, and therefore those who have it rarely have the means to access medication that could prolong life.

iii. It is difficult to communicate risk factors regarding AIDS because the most prominent ways of contracting AIDS vary from region to region.

1. SARS/avian flu

i. Although SARS does not affect as many individuals as AIDS, it is far easier to spread SARS since it is spread through basic human-to-human contact.

ii. While the United States did little to warn the public about the avian flu, China put forth great effort to engage in a widespread campaign warning people about it.

iii. CDC has come up with a crisis management plan in order to be prepared in the event of another SARS/avian flu outbreak.

1. Terrorism
2. Terrorism’s ultimate goal is to communicate fear in order to achieve their goals.
3. Terrorism can lead to many stress related illnesses, and it has been found that post-traumatic stress and depression can be linked to act of terrorism.
4. At-Risk Communities within the United States
5. Risk factors
6. Social status

i. Infants, children, the elderly, single females living alone, certain racial or ethnic groups, and those who are unemployed or have low incomes are most at risk for health problems.

ii. These group members are often marginalized and are therefore denied privileges that those with a higher status can have.

1. Social capital

i. Social capital is the quantity or quality of interpersonal ties among people within a community, and the resources that are made available to the community.

ii. Individuals with a very low social capital are most at risk for health problems physically, psychologically, and socially.

iii. Communities are best off when there is diversity, but every shares similar social status, involve organizations within the community, span other communities, and bring new resources to the community.

1. Human capital

i. Human capital is a community’s investments in people’s skills and capabilities that enable them to act in new ways or enhance their ability to be productive members of society.

ii. Those living in a community with poor human capital may choose to move somewhere with housing, schools, and employment.

iii. Moving out of a community with poor human capital only causes the situation to worsen.

iv. Low human capital communities often cause many health problems such as alcoholism or drug abuse, increased stress levels, and other psychological and physical problems.

1. Communication Strategies for Addressing Health Risks
2. Dealing with the threat of HIV/AIDS
3. It is believed that storytelling can help administer information about HIV/AIDS in a way that will truly grab the attention of listeners.
4. Everett Rogers’ diffusion of innovations model suggests that innovations regarding HIV/AIDS are spread through a series of stages.
5. It may be difficult for some regions of the world to receive the latest information on HIV/AIDS because of a lack of access to the mass media, literacy issues, or some cultures who view face-to-face communication as the most important.
6. Dealing with the threat of terrorism
7. Communication and crisis management following a terrorist attack

i. Having a good crisis management plan can help reduce the number of deaths, create a more effective first-response personnel, and contain threats to avoid affecting a greater amount of people.

ii. Coombs’ theory is that crisis management should be a four step process including prevention, preparation, response, and learning.

iii. One can gauge the terrorist risk of a facility by looking at the location, the materials stored there, and the strategic importance of it.

iv. The media can keep the general public informed about unfolding events regarding a terrorist attack.

1. Coping with the psychological effects of terrorism

i. One can gain support by turning to the media to watch coverage of the attack and heighten one’s emotional involvement.

ii. Friends and family members can help an individual cope with the stress of a terrorist attack.

1. Community-Based Health Initiatives for At-Risk or Marginalized Populations
2. Health risk communication efforts all began with people in business, and public health researchers with scientific backgrounds.
3. Unfortunately, researchers have found that most people who are exposed to health risk information do not change their unhealthy behaviors.
4. Health behaviors are often linked to group identities, and individuals will most likely act the way their peers act.
5. In order to have the most effective campaign, people must be empowered within a community and incorporate the community effort.
6. A community forum is believed to be a helpful way to increase dialogue between health promoters and community members.
7. Risk Communication Strategies at the Provider-Patient Level
8. It is a physician’s responsibility to inform patients about health risks they may be committing.
9. Some physicians can give conflicting messages to their patients about what is risky health behavior and what is not.
10. Physicians should have a good mixture of empathizing with their patient’s feelings, and explaining health risks and how to prevent them.
11. Summary
12. So many people are at risk for their health in the U.S., and health risk communicators are working hard to raise their awareness of these threats.
13. People with fewer economic, educational, political, and social resources are at the greatest risk for health threats.
14. Health risks can be a global problem, such as HIV/AIDS, environmental threats, and terrorism.

**Questions:**

1. What steps can we take to improve health communication after a crisis?
2. What do you think was the crisis management plan following 9/11 and do you think it was an effective plan?
3. Why do you think that most people do not change they health behaviors when they are exposed to a health campaign?

**Activity:**

Imagine that you are a psychologist helping someone cope with the effects of the 9/11 terrorist attacks. What would you say to them to help them get through the hard time?

1. **Chapter Ten: Health Campaigns and Community Health Initiatives**
2. Overview
3. Health campaigns are a systematic effort to change health behaviors within a target

population of people who are at risk for a health problem or problems.

1. Changing unhealthy behaviors is often difficult, and studies have shown that health campaigns are often quite ineffective.
2. Creating a health campaign is usually very expensive.
3. The communication discipline has played a vital role in the creation of health campaigns, and a social scientific approach requires drawing from many disciplines such as public health, psychology, education, and communication.
4. Campaign Goals
5. Determining goals can help to decide the target audience, or the group of people the campaign designers would like to influence.
6. Health Awareness and behavioral change campaigns
7. Behavioral change campaigns influence individuals to change something they have control over such as smoking, diet, alcohol consumption, exercise, and sexual behaviors.
8. Public policy approaches
9. Other campaigns attempt to educate people about conditions that promote health or healthcare inequities among marginalized groups.
10. Theoretical Approaches to Health Campaigns
11. Social cognitive theory
12. Social cognitive theory suggests that behavior is the outcome of interaction between cognitive processes and environmental events.
13. Cognitive processes influencing health behavior

i. Social cognitive theory suggests that behaviors are influenced by two sets of expectations: (1) the expectation that an action will lead to a particular outcome and (2) the expectation a person has about his or her ability to perform this action.

ii. An individual is more likely to perform an action if they acquire self-efficacy, or the belief that they have the ability to have personal control over a situation.

iii. Many times short-term health values outweigh long term health values.

1. Environmental influences on health behavior

i. Many people are influenced by what their peers or family members do, and are more likely to engage in behaviors regardless of whether they are healthy or not.

2. Theory of reasoned action

a. The theory of reasoned action states that the main predictor of a behavior is an intention to engage in that behavior.

b. A positive or negative attitude towards a health behavior from family and friends can influence how a person feels about the health behavior.

c. All external or internal factors need to be considered when predicting a person’s intentions to perform a behavior.

3. Health belief model

a. The health belief model is a person’s own assertion of how dangerous and susceptible they are to a health risk.

b. Resources and environmental influences can also affect an individual’s attitude toward a health risk.

c. Cues to action are message features that prompt an individual to pay attention to the content of the messages, and these cues can either be internal and external.

d. Internal cues are motivations that come from within the individual, and external cues are motivations that come from an outside pressure from other individuals.

4. Extended parallel process model

a. Extended parallel process model refers to fear appeals as a motivation for health behavior change.

b. The first cognitive process after seeing a fear message is the danger control, or the appraisal of a threat and how it should be prevented.

c. The second cognitive process after seeing a fear message is the fear control, or the assessment of how to cope with a threatening situation.

d. There is a fine line between provoking fear in an audience member to get a point across, and unnecessarily scaring the person so much that they cannot focus on how to remedy the situation.

5. Stages of change models

a. The transtheoretical model describes five stages of behavioral change: precontemplation, contemplation, preparation, action, and maintenance/relapse.

b. Precontemplation stage is the stage in which individuals are completely oblivious of a health risk, and therefore have not even thought about it yet.

c. Contemplations stage is the stage in which individuals are now aware of the health risk, but are still weighing the pros and the cons of the situation.

d. The preparation stage is the stage in which individuals begin to change their behavior.

e. The maintenance/relapse stage is the stage in which individuals continue with their behavior change, or relapse back to their old ways.

f. When planning a health campaign, campaign designers must keep in mind which stage their target audience is most likely to be in in order to model their campaign to fit their needs.

D. The Process of Conducting a Health Campaign

1. Audience analysis

a. Conducting audience analysis research

i. A health campaign designer must first conduct an audience analysis in order to assess the characteristics of the target audience.

ii. Using available data is using patient records, local and state government’s health related statistics, employee records, or other kind of data that has already been collected.

iii. Surveys usually ask questions regarding demographics, current health-related behaviors, and efficacies and skills.

iv. Interviews (one person) and focus groups (several people) are a good way to gain insight into how target audiences feel about certain health risks; both should be either tape recorded or video taped.

1. Audience segmentation
2. Audience segmentation is the process of dividing the larger target audience population into smaller subgroups of individuals based upon meaningful criteria.
3. High sensation seekers (people who like to take risks and “live dangerously) enjoy rapid, action-packed health messages, whereas low sensation seekers enjoy the opposite.
4. Creating message content
5. Getting audience members’ attention and motivating them to action

i. Because campaign messages must compete with advertisements, news, and entertainment, it is very important that cues to action are used.

ii. Messages that a vivid, use repetition of messages, and the placement of the message where the target audience is most likely to see it.

1. Persuasive message appeals

i. One important aspect of a health message is its credibility, and its credibility increases when it has a legitimate campaign messenger, or the person who delivers the message.

ii. Credibility especially increases when messages use a physician, specialist, or a cancer survivor to deliver the message, or when there is evidence from credible sources, like scientific journals.

iii. Logical appeals are persuasive messages that provide logical and convincing evidence for change, and emotional appeals are messages that emphasize strong emotions.

iv. Two-sided persuasive messages are messages that both contain and refute counterarguments for the proposed behavior change, and it is thought that these might be more effective than one-sided messages.

v. Prospect theory suggests that individuals will react differently to information presented as gains or losses.

c. Other message considerations

i. Researchers have found that health related messages that have legal ramifications or negative repercussions are overall more effective for behavioral changes.

ii. Campaigns that have new reasons to change for its audience members have also proven to be more effective.

1. Channels and message dissemination processes
2. While in recent years, television, radio, and print material has been used to deliver health messages, researchers have been examining the effectiveness of new media such as cell phones and the internet.
3. Targeting is the process of selecting the best communication channel for disseminating a message.
4. Messages given through television or radio typically reach the most audience members.
5. Using the internet or dialog between a community and a spokesperson tends to be effective in that it encourages audience participation.
6. Interpersonal messages are often more effective and reach more specific populations.
7. While generic messages are easier to create, usually tailored messages are more effective in influencing behavioral changes.
8. Because of increasing technology, it is possible to use personalized health messages to match a particular individual in a target audience.
9. Other channel considerations include accessibility, depth, economy, and efficiency.

E. Formative Campaign Evaluation

1. Because creating a health campaign can be a complex process, making a formative campaign evaluation prior to launching a campaign can be beneficial.

2. Pilot testing

a. Researchers can use a sample population to find out what was effective and what was ineffective in their health campaign.

3. Launching the campaign, process evaluation, and outcome evaluation

a. Evaluations made after a health campaign can help to determine what was most effective and also how a campaign can be altered for its next release.

b. Conducting an evaluation of the health campaign can be costly and time consuming.

c. Sometimes it can take a longer amount of time for a health campaign to become effective, and therefore has a sleeper effect.

F. Summary

1. Because conducting a health campaign is such a complex process, there are several decisions campaign managers must make in order to make it the most effective.

2. After conducting an audience analysis, it’s easier to configure the message design and the message dissemination.

3. Campaigns should be pilot tested in order to know any problems or ineffective areas of the campaign that can be altered.

**Questions:**

1. Do you believe that a public policy campaign or a behavioral change campaign would be harder to create? Why?
2. Do you believe that the extended parallel process model is an effective way of producing a health campaign? What are some examples of an effective/controversial campaign you have seen like this?
3. Is it worth the time and money to make an evaluation of a health campaign? Why or why not?

**Activity:**

Pick a behavioral change of your choice and create what you believe would be an effective health campaign for this behavior. Why do you think it’s effective?

**XI. Chapter Eleven: Interdisciplinary Healthcare Teams**

1. Overview
2. Interdisciplinary teams are beneficial for health because different members can focus on a specific part of health and gather more information on it.
3. Diversity of Healthcare Professionals
4. Because healthcare has become so complex in its areas of specialty, different areas are becoming more advanced and therefore are creating more opportunities for improvement.
5. Importance of Interdisciplinary Teams
6. There is no single person who can know everything about every area of healthcare.
7. It is important for interdisciplinary teams to have good communication with one another; otherwise they may not be as effective working together.
8. Interdisciplinary teams can help evaluate the complex problems of patients who may have a range of physical, psychosocial, or spiritual health problems.
9. Equal involvement in the team when working with a patient can lead to more accurate treatment with a variety of opinions.
10. Continuum of Healthcare Teams
11. Healthcare models can either be top-down communication mode, or have a system where everyone on the team has an equal influence.
12. Unidimensional models allow the physician to make all the decisions and other team members are employees of the physician.
13. Multidisciplinary models use multiple viewpoints depending on a healthcare provider’s area of expertise, although the physician usually makes all the decisions.
14. Interdisciplinary models tend to have a more equal share of responsibilities on a healthcare team, and must learn to make compromises and avoid competition.
15. Transdisciplinary models are like interdisciplinary models but identify problems of patients in a consultative and problem-solving approach.
16. Synergistic models are the least common but are the healthiest for patients in that they emphasize the participation of the all members of the team and are patient-centered.
17. Model of Synergistic Healthcare Teams
18. Instilling a sense of ownership
19. Building and maintaining trust
20. Trust gives hope to team members that what they are doing is appropriate, and it comes from communication that is honest.
21. Building commitment to team and mission (vision)

i. Commitment shows each team member their willingness to care for the team.

ii. Communicating the importance of the mission and vision is important to keep the commitment of the team, and can give team members a sense of identity.

1. Sense of accomplishment

i. By helping patients, healthcare teams gain a sense of achievement, and therefore feel accomplished as individuals because they have accomplished more than an individual could.

2. Becoming performance based

a. Prioritizing and setting goals

i. It is important for teams to develop goals that are tangible, meaningful, and performance based.

ii. Setting goals can help give team members incentive to reach success with their patients, as well as gives them a sense of direction in what they want to accomplish.

iii. Because so many patients die from medical errors, poor safety practices, and ineffective coordination of patient care, patient safety is recommended to be the number one goal for healthcare providers.

iv. Goals should be problem based, not value based.

b. Measuring results

i. Providers should be measuring the rate of accomplishment of the goals set upon their team members.

ii. In measuring results, providers should ask themselves several questions including: How does the team feel about the results? Were expectations set at an appropriate level? Do team members have confidence in themselves? How effective was the group during its deliberations?

c. Decision-making procedures

i. After an analysis, assessment, evaluation, and judgment comes the important decision-making must be made by providers.

ii. Rules for decision making are based on the functional perspective, which involves problem identification, clarifying parameters and criteria, generating alternatives, evaluating alternative, selecting the best option, implementing the option, and finally, evaluating the results.

iii. Problem identification is important because often times if symptoms are unfamiliar, a team must make a decision on how to diagnose the patient and how to seek treatment.

iv. Clarifying problems and criteria is important because providers are often pressed for time and it is important to decide on a treatment option quickly before it’s too late.

v. Generating alternatives is important when a treatment plan isn’t working and providers must get creative, thus enabling them to save lives even if the alternative is more risky.

vi. Evaluating alternatives is important to weigh the options and find the pros and the cons of the alternative treatment.

vii. Selecting the best option can become an issue when not all team members can reach a consensus, so it is important for a physician to examine every perspective from each individual on the team before reaching a conclusion.

viii. Once all the previous steps have been accomplished, implementing the option can be done, and all other backup plans can be considered if the option fails.

ix. Evaluating the results allows teams to learn from their mistakes as well as their successes.

3. Developing team synergy

a. Role congruence

i. It is important to discuss the role, tasks, and responsibilities of each team member in order to avoid confusion.

ii. Role congruence can help give team members a sense of identity and responsibility so they feel like they are an important part of the team and therefore can accomplish more for the well-being of the patient.

b. Competent listening

i. It is important for a team to communicate in order to succeed, and listening is just as important as any other form of communication.

ii. Teams should indicate that they are listening by asking questions and using non-verbal cues such as nodding, forward lean, and eye contact.

c. Participation and empowerment

i. The most important criteria to have a successful team is asking good questions that begin with “Who,” “What,” “Where,” “When,” and “How,” and do not require yes or no answers.

ii. Responding/feedback is also important to keep a discussion going, and should involve paraphrasing, evaluating, supporting, probing, and interpreting.

iii. Managing participation styles is important because not every team member will have similar inclinations and skills.

1. Conflict management

i. Many times their will be conflicts with power and status within a team, resulting in a lower-status individual feeling inhibited and therefore not contributing their beneficial ideas to the group.

ii. Conflicts can be effective when team members disagree about the nature of a health problem and therefore can lead to a healthy discussion of options for treatment and can make better informed decisions.

1. Consensus building

i. It is important to establish group norms from the beginning of its existence.

ii. Teams should build upon each other’s ideas, be supportive of each other, and engage in reasoned skepticism.

iii. It is important for team members to manage time wisely by setting an agenda, employing a time monitor, limiting the time it takes to say a comment, and making a reward system to having good efficiency.

1. Patient-centered focus

i. It is important for patients to be involved on the team and that they are educated about the biological and psychological implications of their health.

ii. If a patient is more involved in the decision-making of their health, it has been found that there are overall better health outcomes and better patient satisfaction.

1. Summary
2. Healthcare teams are necessary to the success of healthcare professionals, and should take on interdisciplinary strengths in the form of synergistic healthcare teams.
3. The keys to facilitation are instilling a sense of ownership, becoming performance based, and developing team synergy
4. Trust in a team can lead to better commitment to the mission of the organization.
5. Setting goals can help to encourage teams to become more innovative thinkers.
6. Group synergy requires competent communication skills and effective participation and empowerment of group members.

**Questions:**

1. Which model of healthcare teams do you think would be most effective?
2. What kinds of goals do you think healthcare teams should make to make them more effective?
3. How do you think providers could make patients more involved in the decision making of their health?

**Activity:**

Pretend you are on a healthcare team and are encountering problems. Write down all the problems and the ways in which communication could be used to help solve the problems.

**XII. Chapter Twelve: Emerging Health Communication Contexts and Challenges**

1. Health Literacy
2. Defined by the US Department of Health and Human Services as the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.
3. Health literacy can be an issue for both patients and providers in that treatment options can often be ambiguous and filled with uncertainty.
4. Health literacy is made up of four components: (1) cultural and conceptual knowledge; (2) listening and speaking; (3) writing and reading; and (4) numeracy.
5. Patients with poor health literacy encounter problems with communicating with their provider about treatment options as well as understanding about routine procedures and clinical trials.
6. It is important that the patient come to a healthcare center prepared and knowledgeable about their overall physical health status, genetic predispositions, and tolerance for certain medications and treatments.
7. Breaking Bad News
8. While physicians are usually apprehensive to deliver bad news to patients, when done effectively it can lead to increased patient satisfaction and decreased patient emotional responses.
9. Defining bad news
10. Bad news can be defined as anything that creates a negative view of a person’s health.
11. Physicians may try and conceal bad news because they fear that the bad news will negatively affect the patient’s health.
12. Demographic effects on bad news delivery
13. A patient’s and provider’s sex, age, ethnicity, and education level can all effect how bad news is delivered.
14. Patients with a higher education level often receive less comfort and information when receiving bad news.
15. The way that a person reacts to bad news depends on their age, familial obligations, and culture.
16. Current provider education in breaking bad news
17. While breaking bad news is not typically formally taught to providers, it has been proved that when providers are trained to break bad news to patients they can do it more effectively and with more confidence.
18. Bad news should be delivered in a comfortable space with plenty of room, and should also be given in a timely fashion but not too rushed so that the provider doesn’t seem disinterested.
19. Health Communication and Older Adults
20. People aged over 85 were the fastest growing segment of the older people population, and older people account for a vast amount of our population.
21. Because healthcare has become so much better over the years, the average life expectancy has increased from around 47 years at the beginning of the twentieth century, to the current 74 years for men and 79 years for women.
22. Many older people are on fixed incomes which tends to make it harder to meet all of their health needs.
23. Getting older and experiencing health problems
24. While the elderly are more prone to health conditions than younger individuals, they often are not sick because of their age, but rather their lifestyle choices and genetic predispositions.
25. While some illnesses are age related, most of the time the elderly believe the stereotype that all illnesses are associated with their aging, when actually social factors can be a problem that lead to physical problems.
26. Age-related issues affecting older adult health and healthcare
27. Presbycusis

i. Presbycusis is age-related hearing loss, and although it is a common stereotype that older people have trouble hearing, only 15 percent of those over 75 are deaf.

ii. The largest problem with presbycusis is the inability to decipher paralinguistic cues, which are important in conveying relational messages or nonverbal messages.

iii. Because younger people can become frustrated when talking to those with presbycusis, they tend to give up on the conversation without giving the older person a chance to engage in conversation.

iv. Older people can succumb to the communicative predicament of aging model when they lose their confidence when younger people give up on talking to them because of their difficulty of hearing.

1. Cognitive decline, Alzheimer’s disease, and dementia

i. Alzheimer’s disease is characterized in the brain by abnormal clumps, amyloid plaques, and tangled bundles of fibers, neurofibrillary tangles, composed of misplaced proteins.

ii. Early Alzheimer’s symptoms include short term memory loss and the inability to take part in conversations, which can lead to frustration. Later Alzheimer’s symptoms include complete dependence on a caregiver to do everything they were once able to do on their own.

iii. Because older people have problems with short-term memory loss in general, younger people may automatically assume they have Alzheimer’s.

iv. Because interaction with an individual with Alzheimer’s is often difficult and frustrating, 75 percent of care for them is given by friends or family members.

1. Physical activity/mobility

i. Physical activity is very important for everyone in order to reduce the risk of obesity, cardiovascular disease, osteoporosis, hypertension, and certain types of cancer.

ii. Older individuals may fear physical exertion because they believe that they may encounter greater health problems such as cardiac events.

iii. Some elderly people may lack the means to join a health club, or may lack the social ability to find a companion to engage in physical exercise with them.

1. Polypharmacy

i. Because older individuals are more likely to have multiple illnesses, they are more likely to suffer from polypharmacy, or problems that arise from the prescription of an excessive number of medications.

ii. It is important for physicians to ask patients all the medications they are taking so that new medications will not negatively interact with old ones, however many older patients forget to tell their providers about some medications they are taking, and therefore result in polypharmacy.

iii. Most providers suggest that elderly patients bring all their prescription bottles to healthcare visits.

1. Provider-older patient interaction
2. There are many communication problems between providers and older patients that can have a negative affect on the patient’s health.
3. Physicians are often more condescending to older patients and tend to leave them out of the decision-making process.
4. Physicians often avoid discussing psychosocial concerns with older patients because it is an uncomfortable topic of discussion.
5. Older patients tend to not communicate their medical concerns as much as younger patients.
6. Stereotypes of older patients

i. Providers who have negative stereotypes of elderly patients usually limit their time when communicating with a patient or engage in patronizing behaviors.

ii. Communication accommodation theory is when speakers from different social groups interact, adjust, or modify their verbal or nonverbal communication in order to accommodate each other.

iii. Providers use overaccomodation, such as speaking more loudly, when talking to older patients.

iv. It is important that when providers communicate with older patients, they use discourse management, or when the focus is on the receiver’s conversational needs and the receptor’s ability to attune to those needs.

1. Companions and provider-older patient interaction

i. When an elderly patient brings a companion with them, they tend to raise fewer questions, be less assertive, and not be as large a part of the decision-making.

ii. Companions can either take on the watchdog role, the significant other role, or the surrogate patient role.

1. Managed care influences on provider-older patient interaction

i. Elderly individuals often receive minimal reimbursement from Medicare for their medications.

ii. Managed care administrative practice frequently changes providers who are allowed to participate in managed care networks, and can thus undermine older patients’ trust and lead to overall dissatisfaction.

1. Institutionalized older adults
2. Because the elderly population is increasing, researchers believe that elderly individuals requiring institutionalized care with double by the year 2040.
3. Nursing home staff members often lack the knowledge needed for severe health issues that the elderly may require.
4. Nursing home staff are often poorly paid, receive inadequate training, encounter a high rate staff turnover, and stressful work conditions.
5. It has been found that nursing home residents encounter a lack of communication from both staff and other nursing home residents, and when communication does occur, it is often task-oriented.
6. When nursing home staff engage in baby talk with patients, it can often times lead to dependency from the patients to the staff.
7. Not only is moving a family member to a nursing home stressful, it is also quite expensive to receive the top quality care that they deserve.
8. Summary
9. Health communication research is greatly composed of health literacy, breaking bad news to patients, and older adult health communication.
10. The study of health communication is continuing to evolve as new contexts emerge that influence our health and well-being.

**Questions:**

1. Have you ever stereotyped an elderly person? How did you stereotype them? How might this relate to stereotypes in the health field?
2. What do you think would be the best way to communicate the health risks involved with elderly people and a lack of physical exercise? What would you say to convince them?
3. What might be some disadvantages of an elderly person bringing a companion with them to talk to a physician.

**Activity:**

Pretend that you are a physician talking to a person with an elderly person with severe Alzheimer’s. What are some key things to remember in order to communicate effectively?