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INAUGURAL DALE BRASHERS MEMORIAL LECTURE (KEYNOTE)

Live stream and discussion February 25, 3:30 pm CST

K1. How Health Communicators Can Help Find Breakthroughs for Cancer: Using Interactive Media and Communication Best Practices to Increase Informed Consent to Clinical Trials

Presenter: Dr. Susan E. Morgan, University of Miami [\[Learn more about the lecture here.\]](#)

Dr. Morgan's research group is working to increase accrual to cancer-related research studies by using technology to address the information needs of lower literacy patients— and to address the problem of information overload. They have greatly simplified information about what it means to participate in a clinical trial or research study (1) by reducing the quantity of information; (2) by reducing the complexity of information; and (3) by incorporating very short videos and white board animations to create redundancy in the information. They also created a simple interactive 7-question decision aid that produces a tailored summary about whether preferences and values makes them a good candidate for research participation. Dr. Morgan will present an overview of their approach as well as some preliminary data.

GENERAL PRESENTATIONS

[Withdrawn] P1. Healthier with my Fitbit? An Autoethnography

Presenters: Eulàlia P. Abril and Diem-My Bui, University of Illinois at Chicago

Category: **Best Practices**

Fitness trackers—to which Fitbit is a brand—are light wearable devices that collect health and fitness information such as steps walked, heart rate, or calories burnt (Lupton, 2017). They

provide information that can help improve individuals' regular physical exercise. The ability to track derives from their computational capabilities materialized in information displayed in their screens or communicated to a smartphone app. Because the information is portable and instantaneous, they aid in assessing the need for and amount of physical exercise (Abril, 2016).

Most of the research that looks into how well fitness trackers help individuals achieve their activity goals tend to be experimental studies evaluating effectiveness of general (Poirier et al., 2016) or specialized populations (Brakenridge et al., 2016)—as well as (quantitative) observational studies—and have noted the benefits for cardiovascular health of increased exercise activity via fitness trackers (Stukenberg, 2015). These studies offer insight into what is possible but not why or how they operate. While qualitative studies with more profound insights have been released, the focus has been on very narrow topics or populations, for instance, the relationship with the body (as an experience; Prasopoulou, 2017), the quantified-self movement (Lupton, 2016), gaming (Gawley, Morrow, Chan, & Lindsay, 2016), or with populations that needed medical support (Gualtieri, Rosenbluth, & Phillips, 2016). In addition, very few studies have considered unintended consequences of fitness trackers. Though research has examined actually gaining weight and other negative effects (Toner, 2018), for instance, unexpected positive outcomes are less studied. More importantly so, the underlying reasons for these outcomes remain unexplored.

This study seeks to portray the auto-reflexive experiences of owning a fitness tracker for the first time by the primary researcher (Dr. XXX) and her lab members under the lens of an experienced auto-ethnographer (Dr. YYY). Autoethnographies have grown popular as a way to place personal health experiences within a sociocultural and historical context (Chang, 2016). The main objective is to situate XXX's Fitbit (her choice of fitness tracker) as the starting point for personal awareness and experience in healthy habits through the auto-reflections diarized in eight self-reported questionnaires spread over 15 months (from September 2015 to December 2016) by herself and some of her lab group members (five students in total). XXX and her lab members chose a fitness tracker of their liking with the intent to reflect on what it brought to the fore for participants in terms of their health during the time of the study.

Drawing from Dutta and Basu's (2011) emphasis on the intersections of culture, structure, and agency, we find that the use of a personal tracker is highly dependent on the relevance of the tracker to current health practices. For XXX, the Fitbit was important to maintaining her health habits (notably, walking and moderate- to high-intensity exercise), for the younger lab members, it was not personally relevant, and so it had little value and consequence. Fitness trackers are persuasive, playful, practical, and personalizable (Randriambelonoro, Chen, & Pu, 2017). However, without activity awareness, motivation, and social connection (Deci & Ryan, 2000), they are rendered valueless by its users.

P2. A Space-Exploration-Themed Design of a STEM Nutrition Education Workshop

Presenter: Barbara Arnoldussen, International Technology University

Category: **Best Practices**

Background: The Lyceum of Monterey belongs to the nationwide Expanding Your Horizons Network. Their shared goal is to “motivate girls to become innovative and creative thinkers ready to meet 21st century challenges.” The California organization produces a one-day STEM Conference and Career Fair for girls in grades 5 through 10. In 2019, the event will be held at Hartnell College in Salinas, California. Event: A dozen hands-on seventy-five minute volunteer-led workshops discuss science, technology, engineering, and mathematics (STEM) topics. The topic of this presentation is the design of a space-exploration-themed STEM nutrition education workshop. The workshop leader customized the activity, adapting it to the ethnic characteristics of the Salinas, California location which is 77% Hispanic.

Goal: Twenty young women, separated into small groups, participate in a health communication activity meeting STEM standards, customized to the ethnic characteristics of the local community

Objectives: Attendees will be able to 1) Calculate an individual’s Basal Metabolic Rate (BMR) using the variables of gender, height, weight, and age; 2) Determine the number of calories of food energy an individual needs daily to maintain health; 3) Familiarize themselves with www.ChooseMyPlate.gov website; 4) Research the calorie content and nutrition value of foods matching the heritage of the audience; 5) Construct menus for astronauts to celebrate Latin American/Hispanic recipes. 6) Create and publish a personalized cookbook of selected recipes.

Resources: To meet objectives 1, 2, and 3, the workshop leader adapted a National Aeronautics and Space Administration (NASA) lesson plan from its STEMonstrations’ *Classroom Connections: Nutrition* publication. Also, the instructor designed a PowerPoint presentation to define key vocabulary terms. In addition, to assure full student engagement, the theme of space exploration was expanded upon. The workshop leader chose YouTube videos from NASA’s Johnson Space Center to provide vivid details about astronaut life, food, and scientific research projects aboard the 2015 International Space Station. To meet objectives 4 and 5, participants are directed to use data from the United States Department of Agriculture (USDA). That government agency produces an online resource called “Household Recipes” on their “What’s Cooking? USDA Mixing Bowl” website. The choices of content include 182 Latin American/Hispanic dishes. To meet objective 6, participants select a cookbook symbol when confirming the selection of a recipe for their menu. The resident software allows a print-out of a cookbook with a cover, title, authorship credit, and selected recipes with nutrition information.

Lessons learned: First, the workshop design can be customized for a range of attendees.

Recipes for other ethnic cuisines are available on the same USDA website:

- Asian (58)
- Mediterranean (54)
- Middle Eastern (14)
- Native American (30)
- Southern (90)
- Vegetarian (850)

Second, to meet STEM standards for education, an Engineering Design Process (EDP) integrates the science, technology, and mathematics content. Attendees complete the seven EDP functions by activities designed to:

- Define the problem
- Research
- Develop
- Choose
- Create
- Test and evaluate
- Communicate

Third and most important, to effectively bring the components together, advance preparation and in-depth research to locate and modify resources is essential for success.

REFERENCES

- California Department of Health Services. (1999). Healthy Latino Recipes Made with Love. Retrieved from <https://www.amazon.com/Healthy-Latino-Recipes-Made-Love/dp/B000RO0G8U>
- DataUSA (n.d.) Salinas. Retrieved from <https://datausa.io/profile/geo/salinas-ca/>
- Expanding Your Horizons Network. (2013) Retrieved from <https://www.eyhn.org>
- Jolly, A. (August 30, 2015). Six Quick Tips for Sudden STEM Teachers. Blog discusses an Engineering Design Process (EDP) to integrate science, technology, and mathematics content. Retrieved from <https://www.middleweb.com/24879/six-quick-tips-for-sudden-stem-teachers/>
- NASA. (May 30, 2018). Living and working in space: Advanced food tech. Video retrieved from https://www.youtube.com/watch?v=zQEPKkmQGG0&index=3&list=PL3PiHD0RVXKB_pJZ6i2Xw-erTVbDadMmu
- NASA Johnson. (May 30, 2018.) STEMonstration: Nutrition. Video retrieved from <https://www.youtube.com/watch?v=n66Q0rUbx>
- NASA Johnson. (May 30, 2018.) Train like an astronaut: You are what you eat...so what do astronauts eat? Video retrieved from https://www.youtube.com/watch?v=fnmA35ibSMY&list=PL3PiHD0RVXKB_pJZ6i2Xw-erTVbDadMmu&index=2
- NASA Johnson. (May 30, 2018.) Mission imagination: Space food. Video retrieved from https://www.youtube.com/watch?v=8zAY3_kzGhw&index=5&list=PL3PiHD0RVXKB_pJZ6i2Xw-erTVbDadMmu
- NASA Johnson. (May 30, 2018.) Space station live: A first for space lettuce. Video retrieved from https://www.youtube.com/watch?v=BHyNkm3g5ls&index=6&list=PL3PiHD0RVXKB_pJZ6i2Xw-erTVbDadMmu
- NASA Johnson. (June 9, 2015.) Space station live: Studying nutrition impacts on astronaut health. Video retrieved from https://www.youtube.com/watch?v=qhJUEI_MPaY
- NASA Johnson. (April 7, 2015.) Life on station. Video retrieved from <https://www.youtube.com/watch?v=X9vOoXU56KI>
- NASA Video. (May 30, 2018). Space food systems. Video retrieved from https://www.youtube.com/watch?v=BbRF_aloz4&index=4&list=PL3PiHD0RVXKB_pJZ6i2Xw-erTVbDadMmu
- National Aeronautics and Space Administration (NASA). n.d. STEMonstrations' Classroom Connections: Nutrition. Retrieved from www.nasa.gov/stemonstration
- National Aeronautics and Space Administration (NASA). 2011. Food for thought: Eating in space Educator Guide. Retrieved from https://www.nasa.gov/pdf/591741main_Food-For-Thought.pdf
- The Lyceum of Monterey County. (2018). Retrieved from <http://www.lyceum.org/eyh>
- United States Department of Agriculture (USDA). 2018. ChooseMyPlate.gov. Retrieved from www.ChooseMyPlate.gov
- United States Department of Agriculture (USDA). (n.d.) What's Cooking? USDA Mixing Bowl. Retrieved from <https://whatscooking.fns.usda.gov/>
- United States Department of Agriculture (USDA). (n.d.) Recipe Finder Cookbook: Hispanic/Latino Recipes. 104 pages. Retrieved from https://whatscooking.fns.usda.gov/sites/default/files/featuredlinks/hispanic_latino_recipes.pdf

P3. Best Practices in Patient-Provider Conversations about Sexual Health: Latinx Gay Adolescents' Perspectives

Presenter: Suzanne Burdick, University of Texas at Austin

Category: **Best Practices**

Effective conversations between health care providers and their patients should strike a balance between eliciting the disclosure of pertinent information while honoring patient privacy. This balance can be difficult to achieve in the sensitive and stigmatized realm of sexual health among

adolescents. Furthermore, this communicative challenge is compounded when patients identify as both gay and members of a hetero-normative community culture that finds their sexual orientation problematic. This qualitative study seeks to identify best practices for health care providers who seek to obtain sexual activity disclosures from patients who are Hispanic/Latinx young gay men. Nine in-depth interviews were conducted of Latinx gay men ages 18-22 who, when visiting a doctor, had chosen to disclose or avoid disclosing their sexual activities and sexual orientation status. Specifically, their concerns about disclosure were explored. Advice for how health care providers could make young gay Latinx patients feel safe and respected in the clinic environment was obtained. The findings provide a perspective that health communication scholars and health care practitioners alike may find useful.

Keywords: stigma, disclosure, privacy management, patient-provider conversations, sexual health

P4. Comparison of the Obesity-Related Lifestyle Attitudes and Behaviors of African-American Women and Afro-Caribbean Immigrant Women in Metro Atlanta, Georgia

Presenter: Melany Chambers, Georgia State University

Category: [Barriers](#)

Background. There have been numerous health communication campaigns aimed at reducing overweight/obesity in the United States. Many of these campaigns have encouraged lifestyle changes that focus on healthier eating and regular exercise. Despite these and other efforts, there continues to be a rise in the overweight and obesity levels, which research indicate are highest among “Blacks” (African-Americans). The design of messages targeted toward this segment of the population suggests that the group of Americans is culturally homogenous; the messages rarely (if ever) consider cultural differences that may exist within the segment. This is problematic because the relationships among cultural values, life-style, and body size may contribute to chronic obesity-related diseases, such as hypertension, heart disease, and type-2 diabetes. This study was therefore designed to compare two sub-groups within the African-American segment of the population to identify any indicators that may justify cultural segmentation of obesity-related health message designs.

Objective. The goal of the study was to gain a deeper understanding of obesity-related cultural similarities and differences between African-American and Afro-Caribbean immigrant women living in Metro Atlanta, Georgia. The influence of culture and the social environment on obesity-related—food, physical activity, and body image—attitudes and behaviors of women in these two groups were studied.

Method. The qualitative study-design, based on a social cognitive theory (SCT) framework, employed data collected between October 5 and December 26, 2014 using semi-structured depth interview guides. This data collection tool was administered to 13 African-American women and 12 recently-immigrated English-speaking Afro-Caribbean women, recruited through convenience and snowball sampling. Data were analyzed using textual analysis software package NVivo9.

Results. African-American and Afro-Caribbean participants were similar in terms of some food-, physical activity- and body image-related attitudes and behaviors. Health-related concerns influenced members of both groups of participants to make healthy food-related choices. Both groups were also similar in respect of some attitudes toward, and behaviors related to, physical activity and body image. Additionally, physical activity was reported as being important to women in both groups but not all women were consistently active.

Differences between the groups included (a) attitudes toward food from their childhood: African-American women talked about their childhood foods in negative terms and were more likely to have changed those food habits because of health issues that had developed. The Afro-Caribbean women, on the other hand, used positive terms to describe childhood food-related norms and most of these women tried to maintain those norms; (b) the group that influenced them toward healthier lifestyles: The current social environment of African-American women, as opposed to the childhood social environment of Afro-Caribbean women influenced them more toward adopting healthier food- and physical activity-related lifestyles; (c) ideal body-size: Afro-Caribbean women typically identified an “ideal body size” that was smaller than those identified by African-American women. Also, the ideal body size for African-American women was dependent on where in the United States they grew up, whereas the “ideal size” was more consistent among the Afro-Caribbean women.

Conclusion. The study revealed that culturally, there were more differences than similarities between the African-American and Afro-Caribbean participants thus suggesting some rationale for cultural segmentation of obesity-related health messages targeted toward the population segment currently referred to as “African-Americans” (Blacks).

P5. Analyzing University Employee Adoption of a Fitness Tracker Program Using the Theory of Planned Behavior and the Technology Acceptance Model

Presenter: Brooke Hildebrand Clubbs, Southeast Missouri State University

Category: **Breakthroughs**

Regular physical activity provides a wide variety of physical and mental health benefits (Benefits of Physical Activity and National Institutes of Health, 2016; Mammen and Faulkner, 2013). Despite these benefits, estimates from the Centers for Disease Control and Prevention suggest that only about 20% of U.S. adults ages 18 and older obtain the recommended levels of aerobic physical activity (Centers for Disease Control and Prevention, 2013). Prior research has shown sedentary behavior negatively impacting productivity and increasing economic cost for employers (Feifei, McDonald, Bender, Reffitt, Miller & Edington, 2006; van Dongen, Proper, van Wier, van der Beek, Bongers, van Mechelen & van Tulder, 2011). The introduction of workplace wellness programs stems from the desire to reduce medical spending and increase productivity (Burd, 2009). However, while over half of all employers with at least 50 employees now offer a wellness program (Mattke et al., 2013), employees’ participation levels in workplace health promotion programs are typically below 50 percent (Robroek, Van Lenthe, Van Empelen, & Burdorf, 2009).

The current study applies the Theory of Planned Behavior (Ajzen, 1991) to examine the recent implementation of a fitness tracker program for employees at a regional public university and determine if the provision of a wearable fitness tracker (WFT) and application software, as well as the financial incentive of Health Savings Account dollars rewarded for activity, is what makes the difference between intention and behavior to engage in more physical activity. This study also tests the Technology Acceptance Model (Davis, 1989) as it applies to WFT and application software use, expanding current theoretical understanding of the adoption of wearable fitness trackers (Lunney, Cunningham, & Eastin, 2016).

The current study contained two data collections; a pre-program and a six-week post follow-up. Participants for the pre-condition included 210 employees from a mid-size university. Participants for the six-week follow up condition included 119 employees of which 110 reported continued participation in the WFT program.

We predicted that there would be a positive relationship between attitudes, subjective norms and behavior control related to WFT and behavioral intention to do so. These hypotheses were supported, as all three components were found to be strongly related to behavioral intention. We also predicted financial incentive to participate in the Motion Program participation would be positively related to greater physical activity and the financial incentive of Health Savings Account dollars would be positively related to participation in the Motion Program. We found financial incentive was moderately related to greater physical activity and that HSA dollars were moderately related to intention to participate in the Motion Program. We predicted perceived usefulness and perceived ease of use of WFT would be positively related to attitudes towards the WFT. While the perceived usefulness of WFT was found to be strongly related to attitudes towards the WFT, the final hypothesis was not supported, as there was no statistically significant relationship between the perceived ease of use of WFT and attitudes towards the WFT.

Keywords: Employee Wellness, Wearable Fitness Trackers, Theory of Planned Behavior, Technology Acceptance Model

P6. The Doctor-Patient Relationship and Information-Seeking Behavior: Four Orientations to Cancer Communication

Presenters: Matthew Adamson and Stephen Notaro, University of Illinois at Urbana-Champaign

Category: **Best Practices**

Background: In cancer communication, patients and physicians often understand a patient's experience and situation differently. This can negatively impact health outcomes and the physician-patient relationship.

Aim: To explore how cancer patients' interpretations of the physician's role as information giver affect the communication relationship with the physician and their information-seeking behavior regarding different aspects of their cancer care.

Design: Participants completed a semistructured qualitative interview addressing their treatment experience and communication with their physician. Interviews were coded and analyzed using inductive thematic analysis. **Setting/Participants:** Ten patients with cancer treated at a regional cancer center in central Illinois participated in the study. Cancer stages I to IV and 4 cancer types were represented.

Results: Participants' orientations to the relationship with their physician (and their information-seeking behavior) were classified into 4 general categories: (1) "questioners" have a general mistrust toward their physicians and the information doctors are giving; (2) "the undecided" focuses on physician "fit," often requiring time to step away in order to make decisions and process information; (3) "cross-checkers" are concerned with content of their treatment protocol, often double-checking the treatment plan; and (4) "the experience-oriented" feel a gap between their experience and their physician's experience (and perspective), often seeking information from other survivors. All categories described a perceived lack of adequate exchange of information and the need to seek information outside of the physician-patient relationship to compensate.

Conclusion: Participants exhibited different information-seeking behaviors based on how they interpreted the role of their physician as information giver. This affected what kind of information they sought and how they understood the information received, which in turn affected understanding of their broader experience and care.

References

1. Lamont EB, Christakis NA. Prognostic disclosure to patients with cancer near the end of life. *Ann Int Medicine*. 2001;134(12): 1096-1105.
2. Gattellari M, Butow PN, Tattersall MH, Dunn SM, MacLeod CA. Misunderstanding in cancer patients: why shoot the messenger? *Ann Oncol*. 1999;10(1):39-46.
3. Kutner JS, Steiner JF, Corbett KK, Jahnigen DW, Barton PL. Information needs in terminal illness. *Soc Sci Med*. 1999; 48(10):1341-1352.
4. Kirk P, Kirk I, Kristjanson LJ. What do patients receiving palliative care for cancer and their families want to be told? A Canadian and Australian Qualitative Study. *BMJ*. 2004;328(7452):1343.
5. Butow PN, Dunn SM, Tattersall MH, Jones QJ. Patient participation in the cancer consultation: evaluation of a question prompt sheet. *Ann Oncol*. 1994;5(3):199-204.
6. Sutherland HJ, Llewellyn-Thomas HA, Lockwood GA, Trichter DL, Till JE. Cancer patients: their desire for information and participation in treatment decisions. *J R Soc Med*. 1989;82(5): 260-263.
7. Brand SR, Fasciano K, Mack JW. Communication preferences of pediatric cancer patients: talking about prognosis and their future life. *Supp Care Cancer*. 2017;25:769-774.
8. Weeks JC, Cook EF, O'Day SJ, et al. Relationship between cancer patients' predictions of prognosis and their treatment preferences. *JAMA*. 1998;279(21):1709-1714.
9. Hoerger M, Epstein RM, Winters PC, et al. Values and options in cancer care (VOICE): study design and rationale for a patientcentered communication and decision-making intervention for physicians, patients with advanced cancer, and their caregivers. *BMC Cancer*. 2013;13:188.
10. Hagerty RG, Butow PN, Ellis PM, et al. Communicating with realism and hope: incurable cancer patients' views on the disclosure of prognosis. *J Clin Oncol*. 2005;23(6):1278-1288.
11. Clayton JM, Hancock KM, Butow PN, et al. Clinical practice guidelines for communicating prognosis and end-of-life issues with adults in the advanced stages of a life-limiting illness, and their caregivers. *Med J Aust*. 2007;186(suppl 12):S77, S79, S83-108.
12. Mackillop WJ, Stewart WE, Ginsburg AD, et al. Cancer patients' perception of their disease and its treatment. *Br J Cancer*. 1988; 58(3):355-358.
13. Applebaum AJ, Kolva EA, Kulikowski JR, et al. Conceptualizing prognostic awareness in advanced cancer: a systematic review. *J Health Psych*. 2014;19(9):1103-1119.
14. Eidinger RD, Schapira DV. Cancer patients' insight into their treatment, prognosis, and unconventional therapies. *Cancer*. 1984;53(12):2736-2740.
15. Chou WS, Hamel LM, Thai CL, et al. Discussing prognosis and treatment goals with patients with advanced cancer: a qualitative analysis of oncologists' language. *Health Expect*. 2017;20(5): 1073-1080.
16. Liu P, Landrum MB, Weeks JC, et al. Physicians' propensity to discuss prognosis is associated with patients' awareness of prognosis for metastatic cancers. *J Pall Med*. 2014;17(6):673-682.
17. Helft PR, Hlubocky F, Wen M, Daugherty CK. Associations among awareness of prognosis, hopefulness, and coping in patients with advanced cancer participating in phase I clinical trials. *Supp Care Cancer*. 2003;11(10):644-651.
18. Hagerty RG, Butow PN, Ellis PA, et al. Cancer patient preferences for communication of prognosis in the metastatic setting. *J Clin Oncol*. 2004;22(9):1721-1730.
19. Daugherty CK, Hlubocky FJ. What are terminally ill cancer patients told about their expected deaths? A study of cancer physicians' self-reports of prognosis disclosure. *J Clin Oncol*. 2008; 26(36):5988-5993.

20. Gattellari M, Voigt KJ, Butow PN, Tattersall MH. When the treatment goal is not cure: are cancer patients equipped to make informed decisions? *J Clin Oncol.* 2002;20(2):503-513.
 21. Enzinger AC, Zhang B, Schrag D, Prigerson HG. Outcomes of prognostic disclosure: associations with prognostic understanding, distress, and relationship with physician among patients with advanced cancer. *J Clin Oncol.* 2015;33(32):3809-3816.
 22. Arida J, Kavalieratos D, Lefkowitz C, et al. A qualitative exploration of patient engagement in the context of prognosis communication among gynecologic oncology patients. *Psycho-Oncol.* 2016;25:43.
 23. Fallowfield L, Jenkins V. Communicating sad, bad, and difficult news in medicine. *Lancet.* 2004;363(9405):312-319.
 24. Siminoff LA, Fetting JH, Abeloff MD. Doctor-patient communication about breast cancer adjuvant therapy. *J Clin Oncol.* 1989; 7(9):1192-1200.
 25. Dunn SM, Patterson PU, Butow PN, Smartt HH, McCarthy WH, Tattersall MH. Cancer by another name: a randomized trial of the effects of euphemism and uncertainty in communicating with cancer patients. *J Clin Oncol.* 1993;11(5):989-996.
 26. Step MM, Ray EB. Patient perceptions of oncologist-patient communication about prognosis: changes from initial diagnosis to cancer recurrence. *Health Comm.* 2011;26(1):48-58.
 27. Smith A. Communication of prognosis in palliative care. November 28, 2017. <https://www.uptodate.com/contents/communication-of-prognosis-in-palliative-care>. Accessed December 2017.
 28. Ong LM, de Haes JC, Hoos AM, Lammes FB. Doctor-patient communication: a review of the literature. *Soc Sci Med.* 1995; 40(7):903-918.
 29. Charles C, Gafni A, Whelan T. Decision-making in the physician-patient encounter: revisiting the shared treatment decisionmaking model. *Soc Sci Med.* 1999;49(5):651-661.
 30. Stewart MA. Effective physician-patient communication and health outcomes: a review. *Can Med Assoc J.* 1995;152(9): 1423-1433.
 31. Hack TF, Degner LF, Parker PA. The communication goals and needs of cancer patients: a review. *Psychooncology.* 2005;14(10): 831-845.
 32. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitat Res Psychol.* 2006;3(2):77-101.
 33. Vaismoradi M, Turunene H, Bondas T. Content analysis and thematic analysis: implications for conducting a qualitative descriptive study. *Nurs Health Sci.* 2013;15(3):398-405.
 34. Markula P, Silk M. *Qualitative Research for Physical Culture.* New York, NY: Palgrave Macmillan; 2011.
 35. Dunsmore J, Quine S. Information, support, and decision-making needs and preferences of adolescents with cancer. *J Psychosoc Oncol.* 2008;12:39-56.
 36. Do YK, Carpenter WR, Spain P, et al. Race, healthcare access and physician trust among prostate cancer patients. *Cancer Causes Control.* 2010;21(1):31-40.
 37. Liss DT, Baker DW. Understanding current racial/ethnic disparities in colorectal cancer screening in the United States: the contribution of socioeconomic status and access to care. *Am J Prev Med.* 2014;46(3):228-236.
 38. Gordon NP, Hornbrook MC. Differences in access to and preferences for using patient portals and other eHealth technologies based on race, ethnicity, and age: a database and survey study of seniors in a large health plan. *J Med Internet Res.* 2016;18:e50.
 39. Betancourt JR, Green AR, Carrillo JE, Ananeh-Firempong O II. Defining cultural competence: a practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Rep.* 2003;118(4):293-302.
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P7. The Language of Patients

Presenter: James (Jay) Duhig, AbbVie

Category: **Best Practices**

The Language of Patients describes the application of the behavioral sciences, in particular health literacy and usability, to patient safety through the author's personal journey. This presentation is consistent with a TED Talk style narrative format and uses storytelling and real world examples to illustrate the importance of person centered practices in healthcare, specifically drug and device development.

P8. Chronic Disease: Diabetes Self-Management throughout eHealth Approach

Presenter: Nivia Escobar Salazar, Florida State University at Tallahassee

Category: **Breakthroughs**

Over the past years in the United States, chronic diseases have been increasing (e.g., diabetes). Interestingly, while there have been some expressed concerns about chronic disease self-management towards improving patients' "health outcomes, quality of life, and cost-effective

health care” (Hamine et al., 2015, p. 1). Technology has been beneficial for every patient in the health care system, especially among seniors (Anderson, M., & Perrin, 2017). It is generally believed that technology can enhance the lives of patients with chronic diseases, in particular, patients with diabetes (Quinn et al., 2008).

As per the latest statistics, 25.8 million people are affected by diabetes in the United States (Centers for Disease Control and Prevention, 2011). In line with the 171 million people globally are affected by this chronic disease ‘diabetes’ (Charlene et al., 2008). By 2030 there is an estimate that shows 366 million people who will be suffering from diabetes on a global level (Charlene et al., 2008).

To support treatment and self-management needs of diabetes patients, where eHealth approaches could Provide considerable help to senior citizens. There are some positives outcomes on the use of eHealth on patients with chronic diseases such as increased the patient attitudes, better lifestyle, diet, among others; however, there is a downside. There are some analyzes that show some restrictions on the use of a self-management throughout eHealth “lack of personalized feedback; usability issues, particularly the ease of data entry; and integration with patients and electronic health records” (El-Gayar et al., 2013, p. 247).

Given that senior citizens are a vital part of the global population, innovative approaches such as mobile, and Internet-based applications for diabetes Self-Management present novel opportunities. Specifically, technology applied in health care settings allow individuals with a health limited (based on chronic disease) ability to keep up with healthy behaviors. According to Tuomilehto et al. (2001), a low physical activity (sedentary lifestyle), and overweight could increase health problems related to diabetes (diabetes type 2). Based on Bleakley et al. (2015), physical activity decline is a normative part of aging for most although personal reasons why people became less active and dependent in life may vary (i.e., illness-specific).

Therefore, the primary purpose of this study is to explore the additive benefits senior citizens gain by using eHealth approaches to support treatment and self-management. As such, this study examines the following research questions from a qualitative perspective, utilizing a grounded theory approach: (1) What are the benefits of using self-management throughout eHealth (e.g., mobile, Internet-based) for enhancing the health condition among senior citizens who have diabetes? (2) What are some examples of self-management that can improve the self-management of senior citizens who have diabetes? And (3) What factors should be considered by using self-management, and self-care when designing an effective eHealth system for senior citizens. The primary goal after the research has been completed is to embrace the study by designing a marketing strategy. The idea is to develop a marketing strategy by creating awareness about diabetes towards to increase the eHealth intervention.

P9. Using Simulation Training to Aid Healthcare Professionals in Acknowledging Patient Fear

Presenter: Diane Ferrero-Paluzzi, Iona College

Category: Best Practices

This presentation will review published research on patient fear while suggesting that using simulation mannequins is crucial for communication training for healthcare professionals best practices. Simulation scripts including a video with a training mannequin, reduction of fear techniques to use with patients, and training material will all be provided. Health communication research addressing patient fear will be presented with some commentary (supported by results of author pilot studies) on how the dental field has seemed to address issues of patient fear more than medical professionals.

P10. Using the Built Environment to Position Health Information Technology for Improved Patient-Provider Communication

Presenters: Georgia Williams, AIA, NCARB, LEED Green Associate and Jennifer Freytag, Center for Innovations in Quality, Effectiveness and Safety (IQuEST), Michael E. DeBakey VA Medical Center, Baylor College of Medicine

Category: Best Practices

Health information technology has become integral to healthcare. It includes everything from patient electronic health records that allow providers access to test results and enter orders to personal health records that allow patients to keep a detailed account of their health outside of the clinic (Hersh, 2004).

While electronic record keeping systems have evolved to make unprecedented amounts of information available to providers, patients, and caregivers, little has changed in the way these systems are incorporated into healthcare institutions (Fonville, Choe, Oldham, & Kientz, 2010; Freihoefer, Nyberg, & Vickery, 2013). Typical patient exam rooms, for example, include a corner with a desktop computer that physicians and nurses use to type into electronic patient records (Ajiboye et al., 2015). Although this configuration is useful for collecting patient information in real time, time spent entering and reviewing information can actually impede patient-provider communication and limit relationship building (Patel, Vichich, Lang, Lin, & Zheng, 2017; Street et al., 2014; Rathert, Mittler, Banerjee, & McDaniel, 2017).

To address this issue, healthcare institutions should examine the way health information technology is incorporated into their built environments. The architecture of healthcare institutions can be adapted so that information collection and sharing becomes an opportunity for patients and providers to interact and connect in a meaningful way (Fonville, Choe, Oldham, & Kientz, 2010). These adaptations range from simple to complex. Instead of a provider typing on a computer in a corner of the exam room, a reconfiguration of the space might position the computer screen adjacent to the exam table so that patient and provider face one another, and both can watch health information being entered into the patient record (Freihoefer, Nyberg, & Vickery, 2013). A more complex redesign might include a wall-sized touch screen display that both patient and physician can interact with, voice recognizing software that captures and records

key diagnostic phrases into the electronic health record, and a connected app for caregivers to record key information during the visit (Fonville, Choe, Oldham, & Kientz, 2010).

In our presentation, we will detail key areas in which the built environment can be adapted to use health information technology as a tool that promotes patient-provider communication and relationship building. We will discuss four areas in which patient-provider communication can be enhanced using health information technology: medical information sharing, patient and caregiver education, clinical decision-making, and behavioral interventions. We will discuss both simple and complex possibilities for architectural redesign that can promote meaningful interactions.

Ajiboye, F., Dong, F., Moore, J., Kallail, K. J., & Baughman, A. (2015). Effects of revised consultation room design on patient–physician communication. *HERD: Health Environments Research & Design Journal*, 8(2), 8-17.

Fonville, A., Choe, E. K., Oldham, S., & Kientz, J. A. (2010, November). Exploring the use of technology in healthcare spaces and its impact on empathic communication. In *Proceedings of the 1st ACM International Health Informatics Symposium* (pp. 497-501). ACM.

Freihoefer, K., Nyberg, G., & Vickery, C. (2013). Clinic exam room design: present and future. *HERD: Health Environments Research & Design Journal*, 6(3), 138-156.

Hersh, W. (2004). Health care information technology: progress and barriers. *JAMA*, 292(18), 2273-2274.

Patel, M. R., Vichich, J., Lang, I., Lin, J., & Zheng, K. (2017). Developing an evidence base of best practices for integrating computerized systems into the exam room: a systematic review. *Journal of the American Medical Informatics Association*, 24(e1), e207-e215.

Rathert, C., Mittler, J. N., Banerjee, S., & McDaniel, J. (2017). Patient-centered communication in the era of electronic health records: What does the evidence say?. *Patient Education and Counseling*, 100(1), 50-64.

Street Jr, R. L., Liu, L., Farber, N. J., Chen, Y., Calvitti, A., Zuest, D., ... & Ashfaq, S. (2014). Provider interaction with the electronic health record: the effects on patient-centered communication in medical encounters. *Patient Education and Counseling*, 96(3), 315-319.

P11. Creating Useful Sports-related Health Communication Tools: Development of the GoHuddle Concussion Education Platform

Presenter: Kimberly Garrett, Seattle Children's Research Institute

Category: [Breakthroughs](#)

Collegiate sport settings are an important laboratory for applied health communication research. Approximately 7.8 million youth and young adults participate on an organized sports team every year in the United States (“NCAA Recruiting Facts,” 2018), and theory-driven health communication strategies are underutilized in these settings. This is a missed opportunity because injury and sports-related behavioral health issues result in substantial morbidity and in many cases can be addressed through well-designed health education. Sports settings are also an interesting setting in which to apply health communication strategies given the presence of a variety of stakeholders with differing interests and complex organizational structures that may constrain implementation success. This presentation will describe the theory-driven process for developing and disseminating concussion education for collegiate sports coaches with two goals: 1) providing a road-map for effective health communication in sports settings, and 2) drawing lessons from implementation in collegiate sport settings that can be applied elsewhere.

The GoHuddle Concussion Education Platform is an innovative approach to educating collegiate coaches about concussion to support two main behaviors: talking to athletes about concussion safety and supporting adherence to medical instructions after injury. Development of the GoHuddle platform used an iterative, user-centered design process. This began by exploring the

needs and motivations of the target audience through in-depth interviews. We explored coaches' views of their role in athlete health and safety, their health-related priorities, and how they would like to receive concussion information.

Thematic analysis of these interviews and input from sports medicine clinicians helped guide platform design. Several key takeaways from these interviews included the importance of sport-specific content, interactive learning, and using the platform to strengthen communication between coaches and team medical personnel about concussion safety.

Learning strategies for the platform were guided by the Transformative Learning Theory (Mezirow, 2011). As such, the GoHuddle platform has opportunities for critical self-reflection throughout the platform. The platform first invites coaches to identify their coaching values, setting the stage to engage in interactive scenarios that allow coaches to practice engaging in target behaviors and explore the consequences of their actions. GoHuddle encourages coaches to examine their assumptions and beliefs about their role in athlete health and safety.

The Consolidated Framework for Implementation Research informed the dissemination process (Damschroder et al., 2009). We sought to ensure that the content of the tool was acceptable and appropriate for the target audience, and that the intervention was responsive to institutional contexts. Thus, content and functionality were tested with coaches, sports medicine clinicians, and athletic administrators to ensure good fit with the target audience. Formative research suggested that tailoring the platform for each institution (i.e. adding school colors and logos) increased buy-in from institutional leadership. Assessment and refinement is ongoing.

This presentation will focus on the use of the two theories in development and distribution of the GoHuddle platform. Lessons learned will be framed in terms of interpersonal, and organizational considerations, and the implications these findings have for the development of health education targeted at collegiate coaches to encourage concussion safety-supportive communication.

P12. Increasing the Representation and Utilization of Blacks on the Bone Marrow Registry

Presenter: Indria Gillespie, University of the Pacific

Category: [Barriers](#)

The purpose of this action-oriented needs assessment was to ascertain the knowledge, motivation, and culture (KMC) needs of Blacks regarding joining the bone marrow registry and participating in the bone marrow donation process. The communication used by the bone marrow registry to solicit and recruit Whites is not effective communication for Blacks. This study informs us what communication is needed to narrow Blacks' KMC gaps enabling them to join the bone marrow registry and participate in the bone marrow donation process. The data collection came from nineteen observations, four post-observation surveys, five bone marrow donor interviews, two prototype development groups, and a prototype field test.

The formative results from the data collection partially aligned with the literature, which showed that a lack of knowledge resulted in Blacks not joining the Registry. On the other hand, the formative data supported the literature when the donor interviewees became a bone marrow match and were faced with the decision to move forward with the bone marrow donation process. In contrast, the formative data around motivation fully aligned with the literature. Whereas the literature stated that many Blacks do not join the bone marrow registry due to cultural attitudes and beliefs. Research indicates that the Black community distrusts the medical community due to their being used as medical guinea pigs in the past.

The two prototype development groups participated in design thinking utilizing iterative brainstorming exercises, rapid prototyping, and assumption testing. The results of the two prototype development groups culminated into a final prototype. The final prototype was aimed at addressing the KMC needs of the Black participants through communication, which were two-fold. First, the Registry needs to build a relationship with the Black community. Second, participants required knowledge about the Registry, the matching and donation processes, and the critical need for Blacks to join the Registry and participate in the donation process be communicated to them in an educational setting. The final prototype culminated into a bone marrow symposium that was tested in the field. The final prototype consisted of three videos about the bone marrow registry, a panel discussion with three Black bone marrow donors, and a pre- and post-prototype field test survey.

The summative findings of this study were the results of the pre- and post-prototype field test surveys and post prototype field test. The findings of the pre-prototype field test survey, regarding knowledge, indicate the participants knew nothing or very little about the bone marrow registry. After being exposed to the prototype, the participants indicated they did not need any additional information about the bone marrow registry in order to make a decision to join and participate in the bone marrow donation process. Regarding motivation and culture, there was not much change between the pre- and post-prototype field test survey results. The participants had indicated in both the pre- and post-prototype field test surveys that they would be motivated to join the registry and participate in the bone marrow donation process if it would save a life.

P13. The Significant Entertainment Narrative Experience Within the Lived Experiences of the Body-Shamed

Presenter: Jasmine Gray, University of North Carolina at Chapel Hill

Category: [Barriers](#)

For those disfigured, body shame is a devastating emotion associated with a range of emotional, mental, and even physical health concerns (Gilbert & Miles, 2002; Goffman, 1974; Lansdown, 1997). Research indicates that media have “reinforced” stifling cultural expectations related to shame (Brown, 2006, p. 46), and persuasive media can motivate thoughts that trigger shame (Dunlop, Wakefield, & Kashima, 2008). Yet, media is “equally capable” of being a source of support that enables a person to overcome shame (Brown, 2006, p. 47; Dunlop et al., 2008; Oatley, 2011). Stories of illness that are “mired in shame and stigma” need to be heard to

validate isolated voices and promote the sharing of those experiences (Wood, Qureshi, & Mughal, 2017). This study contributes to these efforts by exploring media narratives as an antidote to body shame.

Research has supported the idea that immersion into an entertainment narrative, whether dimensional narrative engagement or holistic transportation, be understood as an experience (Busselle & Bilandzic, 2009; Green & Brock, 2000). Within its reach are all the implications about, and principles behind, how experiences work (i.e. continuum, interaction) (Standal & Rugseth, 2016). This study proposes that watching a narrative – particularly for the body-shamed – can become a significant experience in the life journey of someone dealing with the discrete emotion. The experience will be influenced by the disfigured person’s previous experiences and influence subsequent experiences.

A breakthrough approach, Interpretative Phenomenological Analysis (IPA) provides an innovative, ideal method for data collection and analysis. IPA is focused on using first person accounts to understand how participants “make sense of their major life experiences” (Smith et al., 2009, p. 1). Three to six participants will be interviewed three times with journal entries or video logs collected in between to capture experiences in their day-to-day life journey. The participants will have the experience of watching the entertainment narrative at the half-way point of the study.

This work-in-progress seeks to answer three specific research questions:

- How do disfigured persons with body shame describe the impact of watching a shame-related entertainment narrative for the first time?
- How do disfigured persons with body shame make sense of their lived experiences before and after the experience of viewing a shame-related entertainment narrative?
- How do disfigured persons with body shame make sense of body shame before and after viewing a shame-related entertainment narrative?

The proposed study addresses barriers reinforced through health-related self-report survey measures that research has suggested possess inconsistencies (Cigolle, Nagel, Blaum, Liang, & Quiñones, 2018). Based in qualitative interview data, this study’s approach has an advantage over self-report surveys which are less reliable than in-depth interviews in assessing certain psychologic/emotional challenges (e.g. distress) (Abbey et al., 2011). Furthermore, narrative persuasion has traditionally been explored via laboratory experiments unable to predict a sustained improvement in the emotional state of participants (See Nabi, Finnerty, Domschke, and Hull, 2006). The proposed research has implications for best practices through supporting the assessment of long-term impact.

P14. Considering Social Identity within CBPR designs

Presenter: Laura-Kate Huse, Florida State University

Category: **Best Practices**

Community-based participatory research (CBPR) is a research paradigm (Minkler & Wallerstein, 2003) that emphasizes equal partnership of the intervention design between academic researchers and community members (Abma et al., 2017; Brown & Stalker, 2018; McAllister, Green, Terry, Herman, & Mulvey, 2003). One of the most frequently cited justifications for the use of CBPR-based interventions is that when a community is engaged within the project, community buy-in and empowerment increases (Castro et al., 2004; McAllister et al., 2003). The popularity of CBPR has drastically increased in recent years (Brown & Stalker, 2018; Simonds, Wallerstein, Duran, & Villegas, 2013), and scholars seem captivated by the translational aspects of the approach. However, because CBPR lies across a continuum, there are few standards in the method and implementation process (Brown & Stalker, 2018). Specifically in marginalized populations and global perspectives on health interventions, many scholars have indicated a need for more analysis into the method of health communication (Rimal & Lapinski, 2009; Snyder, 2007).

Social identification theory (SIT) is based on the assumption that individual identity is shaped by the perceived membership into groups (Tajfel & Turner, 1979). The membership process is constantly changing and multidimensional (Van Zoonen, 2013), and is based on the idea that individuals want to achieve positive distinctiveness, or the belief that their group is superior to other groups (Tajfel & Turner, 1979). SIT starts with examining the group and ultimately the individual (Turner, 1999). SIT is critical to understanding empowerment (Papa et al., 2005) and constructing health initiatives (Jetten, Haslam, & Haslam, 2012). Recent research shows that because identity is dynamic and multidimensional, not all marginalized groups identify similarly. For example, Huse and Wendorf Muhamad (2018) found that not all Appalachians self-identified as Appalachian in order to avoid the stigma associated with the cultural group.

This study examines the danger of homogenizing marginalized groups, such as Appalachians, during the CBPR process. Health intervention designs need to be cognizant of the dynamic process of identity specifically when targeting marginalized populations in order to avoid reactance or the boomerang effect. Utilizing a CBPR-based fieldwork experience as an exemplar -- exploring social identity with Appalachians -- this paper examines the benefits of examining the complexity of social identification within the intervention design. Additionally, this study serves to justify why more research is needed pairing social identity to CBPR intervention designs.

P15. You, the Patient, and Dr. Google: Effective Best Practice Strategies for Patient-Centered Communication in Cancer Treatment Decision-Making

Presenter: Simone Jaeger, University of Erfurt

Category: **Best Practices**

On the interpersonal level in the offline healthcare context, patient-centered communication stimulated by the online context can be observed, and with that also its challenges: Patients increasingly seek health information on the Internet prior to the consultation to better cope with diseases and treatments, and this trend is growing rapidly (cf. Johnson & Case, 2012;

Kummervold et al., 2008; Skopos-Institut, 2010). The Internet gains special meaning for treatment decision-making in chronic and highly mortal diseases like cancer as it offers a flood of information on therapies, their side effects and success rates. Internet-informed patients often confront their physicians with their search results, including the online information and related expectations. Doctor-patient communication plays a central role in health care, especially in terms of improving patient involvement across the cancer control continuum. Different studies indicate that good communication should be appreciated as part of the treatment since it fosters the doctor-patient relationship and positively impacts health outcomes (cf. Dean & Street, 2015; Epstein & Street, 2007; Roter, 2000; Roter & Hall, 2006; Street, Makoul, Arora, & Epstein, 2009; Street, 2013). There comes a responsibility with this connection: Among other examples, the National Cancer Plan in Germany includes the goals of fostering healthcare providers' communicative competence and active patient involvement in the medical decision-making process.

This study looks into treatment-leading doctor's effective patient-centered communication in this setting. A theoretical framework integrating approaches of communication and medical science was developed to promote better understanding of this context and to link doctor-patient interaction under the influence of the growing online context to effectiveness indicators. From this framework, the following research questions are derived: (1) Which communicative strategies for treatment-leading doctors are considered best practice from the expert patient and provider perspectives? (2) In which way is the best practice communication to be confirmed via patient's reported experience of it, of own involvement and of shared decision-making? (3) How does the best practice communication result in patients' outcomes, i.e. satisfaction, adherence, and well-being? (4) Which communicative strategies work best with which types of Internet-informed cancer patients and under which patient-specific conditions?

Built upon this theoretical basis, the two main perspectives of the medical interaction for the three most prevalent cancer types, i.e. breast, colon and prostate cancer, are compared in two steps: first, a Delphi survey with healthcare providers in the tumorboards and patients' representatives for identifying best practice strategies on an expert level (ideal state) and second, a survey with cancer patients to examine the experienced best practice communication (actual state), both online and nation-wide in Germany.

The study is supposed to reveal effective best practice strategies which can be implemented in medical guidelines for the face-to-face consultation. For this conference, the results of the Delphi survey would be presented. The consensus on ideal patient-centered communication can be clustered into seven categories: doctor-patient relationship, information exchange, dealing with emotions, uncertainty management, decision making, self-management, and cross-cutting. Moreover, doctors' resulting main role and concrete patient outcomes as goals being aimed at with these strategies are explored.

P16. Making The Connection-Cynthia Perry Ray Foundation Witness2Fitness Health & Wellness

Presenter: Kathy D. Jenkins, Cynthia Perry Ray Foundation

Category: **Breakthroughs**

We have embraced a comprehensive community-engaged strategy that seeks to give the faith community the best available guidance and tools to enable them to become more educated about health disparities. A clinical conversation we found is not effective in prevention, treatment and survivorship without addressing the underlying issues of self-respect and self-worth.

Our approach that goes beyond graphs, statistics, maps and data in providing a sympathetic touch to sensitive health matters. Through this strategy, we encourage testing, advising on the confidentiality of testing and how to protect themselves from high-risk behavior.

This has been accomplished through small intimate settings over coffee and breakfast rolls, weekly/monthly meetings of various organizations and conference settings. This makes for a more personal conversation with follow up calls from attendees requesting additional information which we provide.

Informative handouts are always made available with our contact information. We sometimes provide give away trinkets and during hot weather provided cold water making ways for one on one conversations. We have distributed well over 2,000 packets not including the men and women conferences over the past 3 months.

P17. Temporal Hegemony in Organizational Discourse: How Discursive Patterns Regarding Time Reinforce Structural Hierarchy

Presenter: Jared T. Jensen, The University of Texas at Austin

Category: **Barriers**

This project examines a medical department that desired a flatter, more postmodern organizational form, yet struggled with issues of power and hierarchy. Through an analysis of communicative discourses, issues of time and temporality surfaced as major ways that the organization built and reinforced hierarchical systems. I argue that as members encounter the fast pace of modern communication technology and value certain members' time over others, a structure of power is talked into being. Three discursive themes emerged from an analysis of the data, including (1) the rat race which refers to an excess of communicative tasks that are seen as barriers to the 'real,' fulfilling work; (2) leadership time which refers to the temporal capital that leaders accrue relative to their position and perceived importance in the department; and (3) calendar control which refers to the calendar as a site of temporal power where "key" individuals determine the schedules of others. These findings contribute to theoretical as well as practical notions of temporal power and organizational discourse, suggesting that medical organizations must attend to the ways that they talk about time if they seek to better serve their communities.

P18. Crucial Conversations: Motivating Young People to Get Tested for STIs and HIV

Presenter: Malynnda Johnson, Indiana State University

Category: Breakthroughs

There are simple measures a person can take to decrease the possibility of acquiring an STI or HIV infection such as consistent condom use and use of a new daily oral pill that dramatically lowers risk of transmission, but unless one's status is known such efforts cannot be maximized. An estimated 1 in 8 persons who are infected with HIV do not know it (CDC, 2015) and the likelihood of unintentional spread as well as the delay in receiving lifesaving treatments pose significant public and personal health risk.

Barriers to routine STI and HIV testing have been explored and insufficient time, lack of knowledge/training, lack of patient acceptance, and competing priorities are among those identified (Burke, Sepkowitz, Bernstein, Karpati, Myers, Tsoi, & Begier, 2007). One explanation for lack of patient acceptance is that knowledge about HIV and other sexually transmitted infections (STIs) is not being translated into accurate estimates of risk (Ellen et al., 2002; Albert & Steinberg, 2011; Foster et al., 2011). Recent research suggests that barriers still exist. Interestingly, clinical provider attributes and interpersonal skills were identified as successful motivators for people to have HIV testing but in other cases, they were identified as significant barriers to testing (Leblanc, Flores, Barroso, 2016).

Many health models provide frameworks for understanding health behaviors, but the Transtheoretical Model (TTM) consistently has been found to be a reliable framework for understanding the steps toward behavior change (Hogue, Dauber, & Morgenstern, 2010; LaBrie, Quinlan, Schiffman, & Earleywine, 2005). One of the most important challenges for those who seek to motivate behavior change is to first identify one's readiness to change. Applying TTM, once one's readiness is understood, medical providers and counselors are able to employ a variety of established modalities to motivate the cognitive processing of information, thus encouraging the translation of information into behavior change (Prochaska, Redding, Harlow, Rossi, & Velicer, 1994). Motivational interviewing (MI) is one such modality. Behavior change with regard to sexual health includes one's willingness to undergo screening as well as the adoption of healthy practices such as consistent condom use and discussion of status between partners.

It is clear medical providers have the opportunity to work on the front line and engage their patients in conversation about HIV testing and sexual health. As such I have spent the last four years conducting interviews with over 100 young adults about their conversations with medical providers, perceptions of testing, as well as risk reduction behaviors. The results have been used in developing a simplified model for conducting testing conversations. Applying motivational interview techniques, Transtheoretical Model, and listening for specific verbal markers this work is poised to offer medical providers a streamlined and judgment-free method of talking with patients about getting tested for STIs and HIV.

P19. Understanding the sugar consumption patterns in beverages among Hispanic College Students

Presenters: Priyanka Khandelwal and Leslie Ramos Salazar, West Texas A&M University

Category: [Barriers](#)

This research is geared towards understanding the social determinants for sugary beverage consumption, which leads and subsequently deteriorates the health conditions of Type 2 Diabetics (T2DM) along with onset of other chronic illnesses. The aim of this research is to assess Hispanic students' sugary drink consumption patterns to prevent Type 2 Diabetes Mellitus (T2DM) and to design more effective health communication based campaigns to aid in our understanding of at-risk populations such as Hispanic college students to determine how they respond to persuasive health messages (Pcsolar & De Jonghe, 2014; Pyatak, Florindez, Peters, & Weigensberg, 2014). The online Facebook interviews inquired about the reasons behind high levels of sugar sweetened beverages (SSBs) consumption among 18 college students of Hispanic origin in the Panhandle region. The results alarmingly reveal that peer pressure, socializing, and unavailability of packaged drinking water during social events were few of the many reasons for high intake of SSB. Target advertisements, poor lifestyle choices along with lack of physical exercise were also found to be the reasons that propelled higher incidences of T2DM. Interestingly, the results indicate that students were not aware of all the harmful consequences of high sugar intake.

P20. Healthcare Analytics Journey from Prediction to Action: The New Wave of Communications by Electronic Prescriptive Engines

Presenter: Jacob Krive, University of Illinois at Chicago, NorthShore University HealthSystem, Nova Southeastern University

Category: [Breakthroughs](#)

By many accounts, predictive analytics and artificial intelligence could be the next technologies to change how care is delivered to patients. Yet, despite a growing promise, the real impact of healthcare analytics in the patient care settings has been modest to date. What are the underlying root causes of slow adoption and translation into tangible clinical benefits? A number of promising models, both supervised (based on information processing rules supplied by humans) and unsupervised (trained machine learning models that enable computers to perform cognitive decision making work) have been released in the past several years – some quite clinically and statistically valid (Lin, Chen, Brown, Li, & Yang, 2017). Based on defined predictive modeling use cases, the entire new infrastructures and platforms were created to facilitate machine learning and rule based analytics (Wang, Kung, & Byrd, 2018). Advances have especially been made in models that affect large numbers of patients, such as those predicting mortality, sepsis, and cardiac arrest (Kaur & Mann, 2017). Yet, many of these models remain isolated standalone innovations, meaning that the models accept input in the form of medical knowledge and patient information, and produce output in the form of medical course of action recommendations, but

stop short of executing any actions – thereby remaining a theoretical analytical engine without a direct connection to patient care. This is where communications via electronic medium, connecting predictive engines with care delivery professionals, become crucial.

Analytics can be generally classified into descriptive (what happened in the past?), predictive (what is likely to happen?), and prescriptive (what can be done about the prediction made?) types (Wang & Hajli, 2017). Descriptive analytics has been the backbone of medical information processing for decades, while predictive analytics is at the center of current research that churns out many competing models for predicting clinical events. But despite advances in predictive analytics, what makes all the difference in patient care is ability to prescribe actions to translate outcomes of predictive models into actionable steps. In order to achieve such decisive follow up, simply suggesting a course of action is insufficient, especially in the fast-paced patient care environments where information noise is chronic. In order to make any clinical analytics viable, new models of communicating predictive outcomes to clinicians and embedding these communications into existing workflows are necessary, and these new methods are likely to change the way care is delivered, clinicians operate, and healthcare communications are handled.

This proposal and conference presentation focus on:

- Challenges of drawing tangible benefits from predictive analytics
- Migration from predictive to prescriptive analytics as a way to translate mathematical foundations of clinical data analysis into patient outcomes
- Generating actionable outcomes from predictive and prescriptive analytics
- Impact on healthcare communications and the vision of a communication model for a hospital of the future, where data insights are electronically communicated to providers, embedded into the workflows, and result in the clinical outcomes gains.

References

- Kaur, J., & Mann, K. S. (2017, October). AI Based HealthCare Platform for Real Time, Predictive and Prescriptive Analytics. In International Conference on Computing, Analytics and Networks (pp. 138-149). Springer, Singapore.
- Wang, Y., & Hajli, N. (2017). Exploring the path to big data analytics success in healthcare. *Journal of Business Research*, 70, 287-299.
- Wang, Y., Kung, L., & Byrd, T. A. (2018). Big data analytics: Understanding its capabilities and potential benefits for healthcare organizations. *Technological Forecasting and Social Change*, 126, 3-13.
- Lin, Y. K., Chen, H., Brown, R. A., Li, S. H., & Yang, H. J. (2017). Healthcare predictive analytics for risk profiling in chronic care: A Bayesian multitask learning approach. *MIS Quarterly*, 41(2).

P21. How are You Doing? An Assessment of University Employees' Stress, Wellness and Productivity

Presenter: Kate Ksobiech, University of Wisconsin-Whitewater

Category: [Barriers](#)

Abstract to come.

P22. Patient-Provider Communication and Sociodemographic Factors Are Associated with Watching Health-Related Videos on YouTube: A Cross Sectional Analysis

Presenter: Aisha Langford, NYU Langone Health

Category: [Barriers](#)

Background: An estimated 73% of US adults use YouTube,¹ making it the #1 most popular social media platform followed by Facebook.² Over the past few years, health-related misinformation on social media platforms has become a major public health concern.^{3–5} To date, few studies have evaluated the role of patient-provider communication on US adults' reported watching of health-related videos on social media.

Objectives: In a nationally representative sample of US adults, describe the association between self-reported patient-provider communication and sociodemographic factors on self-reported watching of health-related videos on YouTube.

Methods: Data from 3,504 respondents from the 2018 Health Information National Trends Survey (HINTS 5, Cycle 2) were analyzed. Data were collected between January and May 2018. The primary outcome was whether participants watched a health-related video on YouTube over the past 12 months (yes/no). A composite patient-provider communication variable was created by summing responses to questions about how often doctors, nurses, or health care professionals did the following: (1) gave you the chance to ask all the health-related questions you had, (2) gave the attention you needed to your feelings and emotions, (3) involved you in health care decisions as much as you wanted, (4) made sure that you understood what you needed to do to take care of your health, (5) explained things in a way that you could understand, (6) spent enough time with you, and (7) helped you deal with feelings of uncertainty about your health or health care. Response options were never, sometimes, usually, and always. Sociodemographic factors included age, gender (male/female), race/ethnicity (White, Black, Hispanic, Asian), and education (less than high school, high school graduate, some college, and college degree). Logistic regressions were conducted.

Results: Approximately 1,067 (35.3% weighted prevalence) of participants reported watching a health-related video on YouTube. Participants with more positive reports of patient-provider communication on the composite score had lower odds of watching health-related videos on YouTube (OR=.96; 95% CI: .92, .99, p=0.027). Every 1 year increase in age was associated with lower odds of watching health-related videos on YouTube (OR=.96; 95% CI: .96, .97, P0.001). Hispanics (OR=1.55; 95% CI: 1.11, 2.15, P=0.010) and Non-Hispanic Asians (OR=2.32; 95% CI: 1.16, 4.66, P=0.018) had higher odds of watching health-related videos on YouTube compared to Non-Hispanic Whites. When patient-provider communication items were evaluated individually, only 1 of the 7 items was significant. People who positively reported that health care providers spent enough time with them (eg., always or usually) were 31% less likely to watch a health-related video on YouTube (OR=.69; 95% CI: .54, .87, P=0.003). Age remained significantly associated with watching health-related videos on YouTube, as did Hispanic and Non-Hispanic Asian race/ethnicity.

Conclusion: Positive patient-provider communication was associated with less watching of health-related videos on YouTube. Hispanic and Asian populations were more likely to watch health-related videos on YouTube. Providing patients with information on how to vet online health information 6,7 and/or a list of trusted health resources such as MedlinePlus.gov 8 may be helpful to minimize exposure to health-related misinformation on social media.

P23. “Laughter Does Make It Easier” - How Do Cancer Patients and Survivors Use Humor Online

Presenter: Di Lun, University of Miami

Category: **Best Practices**

Generally, humor can generate various effects. For instance, in the field of marketing and advertising, humor can attract people’s attention (Eisend, 2009) and improve the overall likeability of the source (Eisend, 2011; Nabi, Moyer-Gusé, & Byrne, 2007). As a new therapeutic method for cancer patients and survivors, humor therapy, also known as laughter therapy, is attracting more attention in recent years. Based on a systematic review of humor and health, Bennett and Lengacher (2016) indicate that humor can moderate the impact of a negative life event, reduce psychological symptoms, and improve self-esteem. Similarly, in a study that focuses on online communication among cancer patients and cancer survivors, the results show that participants, especially young adults, are more likely to openly discuss their situations and experiences when using humor as a coping strategy (Iannarino, 2017). However, among the limited amount of studies that have studied humor and cancer, less is known on how patient use humor and the type of humor they use. Therefore, in order to enhance understanding of humor and the communication challenges among cancer patients and survivors, this study textually analyzed how cancer patients and survivors use humor online, especially self-deprecating humor when coping with their illness. Total 43 posts were collected when using keywords such as “humor,” “cancer,” “laugh,” and “jokes” on the Google search engine. Three themes have been identified when analyzing how cancer patients or survivors used self-deprecating humor among online support groups, including using self-deprecating humor as a way (1) to restore self-esteem; (2) to improve self-esteem; and (3) to generate positive attitudes toward life. The results of this study not only echoed with previous findings that humor can be used as a defense mechanism but also shed light on how cancer patients and survivors use self-deprecating humor to heighten their attitudes towards life.

P24. A Review of Qualitative Methods in Health Communication Research

Presenter: Liza Ngenye, La Sierra University

Category: **Best Practices**

This presentation examines the ways that qualitative inquiry is especially useful towards the contribution of health communication research to work towards the challenges of health care

delivery and promotion. This article promotes methodological diversity in research designs and illustrates the execution of qualitative methods such as ethnography and grounded theory in health communication research, as well as a call for deeper methods such as Phenomenology. This article concludes with challenges in qualitative research and a discussion of the usefulness of multimethodological research to address complex health communication challenges.

P25. Effectiveness of Health Education on Insecticide-treated Nets and its Appropriate Use in Sub-Saharan Africa

Presenter: Monica Opara, Universiti Putra Malaysia at Malaysia

Category: **Best Practices**

Background

Malaria poses a public health challenge in endemic African countries (WHO, 2014). Global estimates of malaria indicate that at least 3.3 billion people are at risk of being infected with malaria and 1.2 billion are at high risk (WHO, 2014). A total number of 97% population are at the risk of the infection which is approximately 173 million people, while 51 million cases and 207,000 deaths were reported annually. According to World Health Organization (WHO), insecticide treated nets (ITNs) are well-known malaria prevention tool for people at the risk of contracting the disease, especially those living in malaria-endemic countries (WHO, 2012).

Method

A total number of articles gotten was 683. During the abstract screening process, we excluded 571 references for failing to meet one or more inclusion criteria. The remaining 112 references were reviewed as full-text, plus an additional three studies identified through reference-list checking and two identified through personal communication with experts. We excluded 88 studies that did not meet our eligibility criteria and excluded 11 others after obtaining information from the study authors. 18 studies met our eligibility criteria and 15 were included in our review. Of the remaining three (3) studies, two (2) are ongoing and one (1) require additional information from the authors. Fifteen studies (15) were finally included in the review.

Results

Fifteen eligible studies were reviewed and reported in accordance with the guidance of preferred Reporting Items for Systematic Review and Meta-analysis.

Keywords: Systematic review, Health education, insecticide treated nets, sub-Saharan Africa

P26. Examining Patients' Listening Styles and Medical Communication Competence in Patient-Doctor Interactions

Presenter: Leslie Ramos Salazar, West Texas A&M University

Category: **Breakthroughs**

Listening skills are invaluable in health care settings to reduce medical errors and miscommunications, and to facilitate health care interactions and patient-physician relationships. The aim of this study was to explore the relationships between patients' listening styles and the four components of medical communication competence. Regression analyses were used to examine and identify the associations between listening styles and medical communication competence among 522 self-identified chronically ill patients. Findings revealed associations between the four listening styles, information giving, information seeking, information verifying, and socioemotional communication. Implications suggest listening style preferences may effect patients' medical communication competence in medical consultation visits.

P27. Breaking the Barriers of Mental Health through Graphic Medicine: An Analysis of Ellen Forney's Marbles

Presenters: Erin Staley, Deleasa Randall-Griffiths, and Daniel O'Rourke, Ashland University

Category: **Breakthroughs**

Medical illustration is a time-honored tool of the health profession used to educate doctors, nurses, and patients about the body and its infirmities. Even today, when technology can provide exact images medical offices are adorned with colorful posters to offer patients a view of what a diagnosis means and how a procedure may correct the problem. But what if these illustrations could do more? What if they help break through the barriers between patients' and practitioners' perceptions of mental health?

Recently, a group of medical professionals, artists, scholars, and writers created a movement called "Graphic Medicine" (Czerwiec, Williams, Squier, Green, Myers, 2015) that combines images and narratives to tell the stories of patients and their pathologies. The comic book or graphic novel can offer an interplay of words and artistic images to offer a personal and powerful narrative of how it feels to be sick. This presentation analyzes Forney's (2012) award winning book: *Marbles: Mania, Depression, Michelangelo and Me: A Graphic Memoir*. Forney is a graphic artist diagnosed with bipolar disorder. By telling the story of her diagnosis and her fears that treatment/medication might dull her artistic creativeness and alter her personality, she provides a new vision of mental health that is worthy of health communication attention.

The doctor-patient relationship requires effective communication as a means of diagnosing and treating an illness. Charon's (2006) work in narrative medicine suggests that medical professionals sometimes have trouble eliciting information from patients who have little or no understanding of medical issues. The desire to "solve" the problem may lead medical professionals to seek a label or category for the symptoms. This diagnosis without adequate discussion can create what Charon calls an "ironic distance" as the conversation becomes one-sided in the absence of meaningful patient input (Peede, 2018). Reynolds (2018) warns that in the case of mental disorders, there is strong temptation to define symptoms in terms of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013) to comply with conventional standards and facilitate medical coverage.

Graphic medicine offers a new means of expression for patients that can open different channels of communication between a patient and physician. Analysis of excerpts from Marbles shows how drawings and words can help a patient reclaim her own medical narrative. One of Forney's illustration (see below) parodies a prisoner posing with her new "prison number/identity." The artist makes it clear that she is more than a DSM number or mental disorder. She is "brilliant," "unique," "part of a community that suffers from this disorder," and "feeling like a parrot covered by a blanket." (Forney, 2012)

Williams, a leader in graphic medicine, says one of the greatest potentials of this new form of medical messaging could be to address "The Invisible Illness" of mental disorders. (Czerwiec, Williams, Squier, Myers, & Smith, 2015). An unexpected benefit of the publication of Marbles has been that Forney's narrative spoke to undiagnosed readers who later sought help and began a conversation with a medical professional.

P28. Unusual Partners for Health: Healthcare professionals and librarians partner to communicate about health through radio and social media

Presenters: Lee M. Richardson, Barbara Rothen Renner, and Terri Ottosen, University of North Carolina at Chapel Hill

Co-author: Dr. Adam O. Goldstein, University of North Carolina at Chapel Hill

Category: **Best Practices**

Healthcare professionals using the radio and other media outlets to communicate health information is not unusual. It is unusual for healthcare professionals to partner with librarians to communicate on a weekly basis about health issues through radio and social media platforms. This presentation details a project in which healthcare professionals from a large public university school of medicine and university health sciences librarians collaborate on a weekly consumer health talk radio show and its associated social media. This weekly radio show, which airs on a local radio station with a weekly listenership of approximately 35,000, provides practical, health-related news and information to listeners in a comforting, convenient, easy to understand style. It is hosted by a family medicine physician and faculty member and co-hosted by other health professionals. Each week, librarians post the show's audio recording supplemented with links to high quality consumer health information. They also respond to the host's periodic "shout outs" for the librarians to provide additional information on specific topics or issues. Librarians utilize health literacy skills to evaluate and select these internet resources and to create additional blog posts to elaborate on show topics or to bring together internet resources on a topic from the news. Librarians disseminate health information through the radio show's Twitter account. The blog is also featured as current health-related content on the Health and Wellness Information Center webpage of the site that provides digital content to all citizens of the state via libraries state wide. Health Sciences librarians have collaborated on this health communications project since 2009, bringing their expertise in information discovery and organization, consumer health, and health literacy. There have been over 600 blog posts since July, 2010, when the blog went live, with over 82,000 views of the site since January 2011.

Librarians have provided over 5,000 links to health information, currently averaging 17.7 links for each weekly show. The blog has been viewed in over 150 countries since February 25, 2012, when WordPress began providing this information and it was viewed in over 80 countries in the past year alone. Overwhelmingly, most visitors to the blog come from search engines. The remaining top five referring websites from which visitors to the blog arrive are, from highest to lowest, the university's school of medicine website, the show's Facebook site, the show's Twitter account, and the WordPress Android app. The librarian who initiated the collaboration received the university's public service award, which "recognizes outstanding engagement and service to the state..." and the library profession has been interested in exploring this example of librarian involvement in health communications, which has been presented at conferences and through publication in the professional and scholarly literature. The background of the show and partnership will be described along with information about the role of the librarians. Barriers, breakthroughs, best practices, and lessons learned will be shared, along with future plans.

- Adams, M. (2018, July 24). Social media marketing with Facebook and Twitter [Lynda.com online course]. Retrieved from <https://www.lynda.com/Facebook-tutorials/Social-Media-Marketing-Facebook-Twitter/728411-2.html>
- Arndt, T. (2016). Health literacy: a natural role for librarians. *Reference Services Review*, 44 (2), pp.81-84. <https://doi.org/10.1108/RSR-04-2016-0026>
- Barr-Walker, J. (2016). Health literacy and libraries: a literature review. *Reference Services Review*, 44 (2), pp.191-205. <https://doi.org/10.1108/RSR-02-2016-0005>
- Carolina Center for Public Service. (n.d.). Robert E. Bryan Public Service Award. Retrieved from <https://ccps.unc.edu/awards-fellowships/robert-e-bryan-public-service-award/>
- Chambers, G. (1955). Service to the lay public. V. What services should we give the lay public? *Bulletin of the Medical Library Association*, 43(2), 257-262.
- Crowell et al., (2013). Listening to YOUR HEALTH: librarians and physicians collaborating on the radio and online. *Journal of Hospital Librarianship*, 13(3), 258-269. doi:10.1080/15323269.2013.801310
- Medical Library Association. (2018). For health consumers and patients: Finding good health information. Retrieved from <https://www.mlanet.org/page/find-good-health-information>
- NC LIVE. (2018). Health & wellness information center. Retrieved from <https://www.nclive.org/browse/health>
- Parker, R., & Kreps, G. L. (2005). Library outreach: overcoming health literacy challenges. *Journal of the Medical Library Association : JMLA*, 93(4 Suppl), S81-5.
- Rios, G. & O'Hagan, E. (Eds.). (2014). Consumer- and patient-friendly technology: Today and tomorrow. In Spatz, M. (Ed.), *The Medical Library Association guide to providing consumer and patient health information*. (pp. 57-76). Lanham, MD: Rowman & Littlefield.
- Rubenstein, E. (2012). From social hygiene to consumer health: Libraries, health information, and the American public from the late nineteenth century to the 1980s. *Library & Information History*, 28(3), 202-219.
- Safeer, R. & Keenan, J. (2005). Health literacy: the gap between physicians and patients. *American Family Physician*, 72(3), 463-468.
- Toms, E. & Latter, C. (2007). How consumers search for health information. *Health Informatics Journal*, 13(3), 223-235. doi:10.1177/1460458207079901
- U.S. National Library of Medicine. (2018). MedlinePlus quality guidelines. Retrieved from <https://medlineplus.gov/criteria.html>
- Walsh-Childers, K. (2017). *Mass media and health: Examining media impact on individuals and the health environment*. New York, NY: Routledge.
- Wax, W. (2006). Helping consumers. *Journal of Hospital Librarianship*, 6(2), 95-98. doi:10.1300/J186v06n0210
- Your Health Radio. (n.d.). Your Health Radio. Retrieved from <https://yourhealthradio.org/>
- Your Health Radio. (n.d.). Behind the scenes. Retrieved from <https://yourhealthradio.org/behind-the-scenes/>

P29. Immersive Storytelling for Health Communication

Presenter: Nedra Kline Weinreich, Weinreich Communications

Category: **Best Practices**

As health communicators, we know that our priority audiences live in a transmedia world, seamlessly moving from mobile phone to computer to television—often all at the same time. In addition to spreading messages and interventions across multiple media or platforms, we need to

grab their attention through the clutter. One of the best ways to do that is through the power of story, to which humans are hard-wired to respond.

Transmedia storytelling is an approach that takes advantage of your target population's media habits by spreading different parts of a story across multiple communication channels and allowing the audience to become participants in integrating the pieces. Putting the story where the people you want to reach are already spending their time—whether on Twitter, Facebook, YouTube, mobile phones, flyers on school bulletin boards, or elsewhere—creates an immersive experience. When it feels like a story is unfolding around them, and especially when they have spent enough time with the characters to care what happens to them, they are primed to pay attention.

By combining the transmedia approach with the research-proven entertainment education model, the potential for influencing knowledge, attitudes and behaviors is heightened. Entertainment education-based social marketing has traditionally focused on “product placement” of content related to health and social issues within the plotlines of television shows, radio serials, movies, video games and other media. Transmedia storytelling for behavior change involves designing a story across these platforms to create an immersive experience for the audience that leads them to take some kind of action.

When someone is emotionally invested in the plotline of a show, and has the experience of being mentally “transported” into the story, they are more likely to remember information delivered in the course of the program and to desire to act on it. By vicariously experiencing another's challenges, they learn by seeing the consequences—both positive and negative—of how the character tries to resolve their problems. Stories can also establish or reinforce social norms that support the behavior you are promoting; if the characters make healthy food choices or use sunscreen in the course of the story, this can create the feeling that this is just what people do and so they should too. This is especially effective when the audience feels that the characters are very similar to themselves.

The Immersive Engagement for Change Model lays out the elements that need to be present for a transmedia story to be optimized for behavior change. These components include:

- Behavior Change Model
- Good Storytelling
- Ubiquitous Media
- Participatory Experience
- Real World Action

Examples from the author's own work as well as other health communication-focused projects will be shared to illustrate key points.

References

- ¹ Stephens, G. J., Silbert, L. J., & Hasson, U. (2010). Speaker-listener neural coupling underlies successful communication. *Proceedings of the National Academy of Sciences of the United States of America*, 107(32), 14425-30.
- ² Jenkins, H., “Transmedia Storytelling 101,” March 21, 2007, http://henryjenkins.org/blog/2007/03/transmedia_storytelling_101.html
- ³ Butler, F. and C. Pickett, “Imaginary Friends: Television programs can fend off loneliness,” *Scientific American*, July 28, 2009
- ⁴ Singhal, A., M.J. Cody, E.M. Rogers & M. Sabido (Eds.), *Entertainment-Education and Social Change: History, Research, and Practice*, Mahwah, NJ: Lawrence Erlbaum Associates, 2004

⁵ Kaufman, G.F. and L.K. Libby, "Changing Beliefs and Behavior Through ExperienceTaking," *Journal of Personality and Social Psychology*, 2012

⁶ Paul, A.M., "Your Brain on Fiction," *The New York Times*, March 17, 2012, <https://www.nytimes.com/2012/03/18/opinion/sunday/the-neuroscience-of-your-brain-on-fiction.html>

⁷ Hsu, J., "The Secrets of Storytelling: Why We Love a Good Yarn," *Scientific American Mind*, September 18, 2008

⁸ Weinreich, N.K., "The Immersive Engagement Model: Transmedia Storytelling for Social Change," 2014, <http://social-marketing.com/immersive-engagement.html>

P30. Using the Built Environment to Position Health Information Technology for Improved Patient-Provider Communication

Presenters: Georgia Williams, LEED Green Associate and Jennifer Freytag, Center for Innovations in Quality, Effectiveness and Safety (IQESt), Michael E. DeBakey VA Medical Center, Baylor College of Medicine

Category: **Best Practices**

Health information technology has become integral to healthcare. It includes everything from patient electronic health records that allow providers access to test results and enter orders to personal health records that allow patients to keep a detailed account of their health outside of the clinic (Hersh, 2004). While electronic record keeping systems have evolved to make unprecedented amounts of information available to providers, patients, and caregivers, little has changed in the way these systems are incorporated into healthcare institutions (Fonville, Choe, Oldham, & Kientz, 2010; Freihoefer, Nyberg, & Vickery, 2013). Typical patient exam rooms, for example, include a corner with a desktop computer that physicians and nurses use to type into electronic patient records (Ajiboye et al., 2015). Although this configuration is useful for collecting patient information in real time, time spent entering and reviewing information can actually impede patient-provider communication and limit relationship building (Patel, Vichich, Lang, Lin, & Zheng, 2017; Street et al., 2014; Rathert, Mittler, Banerjee, & McDaniel, 2017).

To address this issue, healthcare institutions should examine the way health information technology is incorporated into their built environments. The architecture of healthcare institutions can be adapted so that information collection and sharing becomes an opportunity for patients and providers to interact and connect in a meaningful way (Fonville, Choe, Oldham, & Kientz, 2010). These adaptations range from simple to complex. Instead of a provider typing on a computer in a corner of the exam room, a reconfiguration of the space might position the computer screen adjacent to the exam table so that patient and provider face one another, and both can watch health information being entered into the patient record (Freihoefer, Nyberg, & Vickery, 2013). A more complex redesign might include a wall-sized touch screen display that both patient and physician can interact with, voice recognizing software that captures and records key diagnostic phrases into the electronic health record, and a connected app for caregivers to record key information during the visit (Fonville, Choe, Oldham, & Kientz, 2010).

In our presentation, we will detail key areas in which the built environment can be adapted to use health information technology as a tool that promotes patient-provider communication and relationship building. We will discuss four areas in which patient-provider communication can be enhanced using health information technology: medical information sharing, patient and caregiver education, clinical decision-making, and behavioral interventions. We will discuss both

simple and complex possibilities for architectural redesign that can promote meaningful interactions.

- Ajiboye, F., Dong, F., Moore, J., Kallail, K. J., & Baughman, A. (2015). Effects of revised consultation room design on patient–physician communication. *HERD: Health Environments Research & Design Journal*, 8(2), 8-17.
- Fonville, A., Choe, E. K., Oldham, S., & Kientz, J. A. (2010, November). Exploring the use of technology in healthcare spaces and its impact on empathic communication. In *Proceedings of the 1st ACM International Health Informatics Symposium* (pp. 497-501). ACM.
- Freihoefer, K., Nyberg, G., & Vickery, C. (2013). Clinic exam room design: present and future. *HERD: Health Environments Research & Design Journal*, 6(3), 138-156.
- Hersh, W. (2004). Health care information technology: progress and barriers. *JAMA*, 292(18), 2273-2274.
- Patel, M. R., Vichich, J., Lang, I., Lin, J., & Zheng, K. (2017). Developing an evidence base of best practices for integrating computerized systems into the exam room: a systematic review. *Journal of the American Medical Informatics Association*, 24(e1), e207-e215.
- Rathert, C., Mittler, J. N., Banerjee, S., & McDaniel, J. (2017). Patient-centered communication in the era of electronic health records: What does the evidence say?. *Patient Education and Counseling*, 100(1), 50-64.
- Street Jr, R. L., Liu, L., Farber, N. J., Chen, Y., Calvitti, A., Zuest, D., ... & Ashfaq, S. (2014). Provider interaction with the electronic health record: the effects on patient-centered communication in medical encounters. *Patient Education and Counseling*, 96(3), 315-319.
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P31. Identifying Memorable Messages About Long-Acting Reversible Contraceptive Methods: Recommendations for an Effective Health Campaign

Presenter: Carina Zelaya, University of Kentucky

Category: **Best Practices**

As the increase of unwanted pregnancies continues, research is necessary to uncover factors that influence the decisions women make about their contraceptive methods. The current study examines the topics, context, and sources of memorable messages regarding long-acting reversible contraceptive (LARC) methods. This study also seeks to understand how media advertisement affect the way women think of LARCs. This study is a formative research of memorable messages in the context of contraceptive methods with the goal of giving insight into characteristics to better target young women when promoting contraceptive methods, especially LARCs. This study uncovers many messages that young women consider memorable and influential in their lives. Findings illustrate how there is a major knowledge gap about LARCs and how many memorable messages are inaccurate. Debunking myths and misconceptions about LARCs and improve overall health literacy about these methods among young women and their mothers should be a top priority.

The results of this study contributed to the memorable message literature by proving that the rule structure characteristics can be applied to sexual health messages. Also, the findings prove that women are also seeking more information that is not currently being targeted to them.

The first research question addresses what are the message topics about LARC's that young women report as memorable? The second research question seeks to identify the main sources of memorable messages about LARCs among young women. The third research question seeks to identify what are the gaps in knowledge women have regarding LARCs. The fourth research question addresses the common misconceptions women have regarding contraceptive methods and how media advertisements shape their attitude towards LARCs.

To address the research questions, this study analyzes interviews conducted with young women at a public South Eastern university. The present study consisted of a sample of young women

(N = 25), consisting of 80% Caucasian (n = 20), 8% African American (N = 2), 8% Asian (N = 2), and 4 % (N = 1) Other. Study participants ranged in age from 18 to 26 years. Twenty-one (84%) of the participants currently had a contraceptive method, while 4 (16%) participants did not currently use a contraceptive method. The data in this study was analyzed using a framework analysis methodology (Ritchie & Spencer, 2002). This framework is useful to study contextual questions (i.e., identifying the form and nature of what exists).

One of the most valuable outcomes of this study is the detailed understanding of what young women consider relevant and influential when it comes to contraceptive methods. Health promoters can be guided by the information seeking needs women reveal in this study. There is now a better possibility of creating effective and targeted messages.

P32. The Added-Value of Health-Specialized Journalists in the Coverage about Vaccines

Presenter: Daniel Catalan-Matamoros, University Carlos III of Madrid

Category: **Breakthroughs**

The mass media are today the most important source of information and are the only source about health and science for many people (Riobó, 2016; Yanovitzky; Blitz, 2000). The media are crucial in keeping the public informed about scientific issues as well as framing and heightening the salience of health-related issues (Viswanath *et al.*, 2008). In addition, the media allow citizens to stay informed so that they can participate in the public debate regarding health issues, and even manage their own health; this is due to the fact that the media can potentially shape beliefs, attitudes, and even behaviors (Cacciatore *et al.*, 2012; Hinnant, Len-Ríos, & Oh, 2012). In this regard, journalists have a great responsibility in the scientific field, because through their routine coverage of scientific studies, news media are a key intermediary in translating research for the public, patients, policymakers and clinicians (Viswanath *et al.*, 2008). Despite their importance in the dissemination of health and scientific information, only few studies have explored the professional practices of health and science journalists (Viswanath *et al.*, 2008; Deprez & Van Leuven, 2018). Many studies have conducted media content analyses of health topics but without examining the specific routine of health specialised journalists in comparison with generalists (i.e. Casciotti *et al.*, 2014; Clarke, 2008; Meyer *et al.*, 2016). This presentation is an attempt to fill this gap by analyzing the work conducted by health journalists from a comparative perspective to understand the added value of the specialization in health journalism.

We examined specific professional patterns among health journalists, and assessed whether these differ from those among generalists in the case of vaccines. Articles were analyzed from national newspapers in Spain, of which 52% were written by specialized health journalists. Content analysis was undertaken to examine the differences in terms of journalistic genre, frames, tone, sources and length of the article. Results revealed key journalistic patterns and confirmed that health journalists perform significantly differently than other authors in terms of journalistic genre, tone, sources and length of the article. Health journalists wrote more features and less opinion articles, from a more neutral perspective, using a wider number of scientific sources,

especially those from professional associations and scientific journals. These findings provide insights into the process of health journalism, and identify potential aspects to further develop the profession for the broad dissemination of health news to the public.

References

- Cacciatore, M. A., Anderson, A. A., Choi, D.-H., Brossard, D., Scheufele, D. A., Liang, X., ... Dudo, A. (2012). Coverage of emerging technologies: A comparison between print and online media. *New Media & Society*, *14*(6), 1039–1059. <https://doi.org/10.1177/1461444812439061>
- Casciotti, D. M., Smith, K. C., & Klassen, A. C. (2014). Topics associated with conflict in print news coverage of the HPV vaccine during 2005 to 2009. *Human Vaccines & Immunotherapeutics*, *10*(12), 3466–3474. <https://doi.org/10.4161/21645515.2014.979622>
- Clarke, C. E. (2008). A Question of Balance: The Autism-Vaccine Controversy in the British and American Elite Press. *Science Communication*, *30*(1), 77–107. <https://doi.org/10.1177/1075547008320262>
- Deprez, A., & Van Leuven, S. (2018). About Pseudo Quarrels and Trustworthiness: A multi-method study of health journalism, sourcing practices and Twitter. *Journalism Studies*, *19*(9), 1257–1274. <https://doi.org/10.1080/1461670X.2016.1266910>
- Hinnant, A., Len-Rios, M. E., & Oh, H. J. (2012). Are Health Journalists' Practices Tied to Their Perceptions of Audience? An Attribution and Expectancy-Value Approach. *Health Communication*, *27*(3), 234–243. <https://doi.org/10.1080/10410236.2011.578331>
- Meyer, S. B., Lu, S. K., Hoffman-Goetz, L., Smale, B., MacDougall, H., & Pearce, A. R. (2016). A Content Analysis of Newspaper Coverage of the Seasonal Flu Vaccine in Ontario, Canada, October 2001 to March 2011. *Journal of Health Communication*, *21*(10), 1088–1097. <https://doi.org/10.1080/10810730.2016.1222038>
- Riobó, P. (2016). Citas y referencias bibliográficas en publicaciones de salud (Citations and references in health publications). *Revista Española de Comunicación En Salud*, *7*(Sup1), 133–138. <https://doi.org/10.20318/recs.2016.3132>
- Viswanath, K., Blake, K. D., Meissner, H. I., Saiontz, N. G., Mull, C., Freeman, C. S., ... Croyle, R. T. (2008). Occupational Practices and the Making of Health News: A National Survey of U.S. Health and Medical Science Journalists. *Journal of Health Communication*, *13*(8), 759–777. <https://doi.org/10.1080/10810730802487430>
- Yanovitzky, I., & Blitz, C. L. (2000). Effect of Media Coverage and Physician Advice on Utilization of Breast Cancer Screening by Women 40 Years and Older. *Journal of Health Communication*, *5*(2), 117–134. <https://doi.org/10.1080/108107300406857>

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