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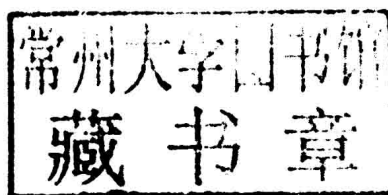
Health Communication *in the 21st Century*

*Kevin Bradley Wright, Lisa Sparks,
and H. Dan O'Hair*

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Kevin Bradley Wright,
Lisa Sparks, and H. Dan O'Hair



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Part I

Introduction

Chapter 1

Overview of Communication and Health

This second edition of *Health Communication in the 21st Century* provides an in-depth look at one of the fastest growing and pragmatic areas of research in the communication discipline: health communication. Most people would agree that our health and our ability to communicate are two central and very important aspects of human life. Yet, at some point in your study of communication, you may be asked the same thing that family members and friends frequently ask us: *What exactly is health communication?* Many people do not understand how the concept of health is related in any way to the term communication. For most people, the term *health* conjures up images that seem to have little or nothing to do with communication, including doctors, laboratory tests, waiting rooms, dieting, and exercise regimes. Moreover, the term *communication* is usually associated with things like interpersonal relationships, the Internet, and radio and television.

However, as we will see throughout this book, many different aspects of health and a variety of communication processes are intertwined in complex and interesting ways. We will examine many contexts of communication and communication-oriented topics, including communication and perceptions of health, provider–patient relationships, everyday relationships and physical health, communication networks within health organizations, intercultural communication and health beliefs, health risk messages, health campaign message design and dissemination, health information and images in the mass media, and the use of new communication technologies in healthcare. We hope that as you read this book you will be excited and intrigued by the rich perspective the study of health communication can bring to our everyday understanding of health and healthcare.

Arguments for the Need to Study Health Communication

Despite vast improvements in public health and healthcare in the US and worldwide over the last century, we still have a long way to go in terms of making our society

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and the world a healthier place. Within the US, we currently spend over one trillion dollars a year on healthcare services, making it the leading sector of the US economy (US Census Bureau, 2005). However, a wide variety of problems still exist in terms of our nation's ability to provide adequate care for everyone and in terms of maximizing efforts to prevent and control diseases and other health problems. It appears that the severity of many of these problems could potentially be reduced by improving communication among providers, between providers and patients, between health researchers, and between public health leaders and the public.

One-half of all deaths in the US can be attributed to preventable behavioral and social factors, such as unhealthy diets, smoking, alcohol use, and inadequate exercise (Neuhauser & Kreps, 2003). Over 60 percent of Americans are overweight and only 24 percent engage in moderate physical exercise on a regular basis (Neuhauser & Kreps, 2003). Current disease screening is inadequate. Cancer mortality rates alone could be reduced by 60 percent if people were to follow early detection recommendations (Willett, Colditz, & Mueller, 1996). Cancer is still one of the most significant health challenges facing society, and the second leading cause of death in the US (American Cancer Society, 2006). A lack of health maintenance behaviors among people who are currently living with a disease has been found to be significantly related to mortality rate. For example, one study found that only 30 percent of hypertensive men act to control their high blood pressure (US Department of Health and Human Services (USDHHS), 1999). In addition, there have been relatively few studies of how to improve the quality of life among people living with disease, such as cancer and HIV survivors, especially the ways in which communication processes and practices may help people to cope with living with disease (Kreps, 2003a).

In terms of health promotion, a large portion of health campaigns have not led to substantial health behavior change among members of the US population (Snyder & Hamilton, 2002). For example, health campaign designers spent millions of dollars on California's 5-a-day campaign, which was designed to raise people's awareness of the benefits of eating more fruits and vegetables. While the campaign was successful at raising people's awareness of the issue, researchers found that relatively few people actually increased their consumption of fruits and vegetables following the campaign (Foerster & Hudes, 1994).

Worldwide, we see a number of health issues that are directly and indirectly related to communication. Global issues such as lack of access to adequate healthcare, war, poverty, hunger, environmental injustice, and lack of education about health issues continue to pose problems for people around the world. Unfortunately, many of these issues have had the greatest impact in underdeveloped countries and among the underserved populations. In Africa, for example, over nearly 25 million people are living with HIV/AIDS, and over 6 million are living in Asian countries (Joint United Nations Program on HIV/AIDS, 2004). More recent issues, such as avian flu and terrorism, present health communication researchers with numerous challenges in terms of finding ways to best communicate information about health risks and in terms of coordinating efforts to cope with these types of crises after they occur.

Health communication researchers are currently working to better understand these issues so that they can offer suggestions for improvement. While communica-

tion issues may not account for all of the problems mentioned above, it is clear that communication is an important underlying factor for most of them. A better understanding of how communication is related to these and other health problems may ultimately help to reduce incidents of disease, human suffering, and mortality rates while increasing physical and psychological well-being and satisfaction with healthcare among members of society. The chapters in this book examine multiple ways in which a better understanding of health communication in a variety of contexts, including relationships, organizations, and the mass media, can improve health outcomes.

Defining Health Communication

Despite the fact that we all have ideas about what it means to be healthy or ill, the term health is a complicated concept to define, due to multiple interpretations based on individual experience and culture. The World Health Organization (WHO) defines health as a “state of complete physical, mental and social well-being” (cited in Costello, 1977, p. 558). Moreover, the WHO definition conceptualizes health and disease as dynamic processes as opposed to stable entities. In other words, both health and disease are seen as being in a constant state of change. This definition also recognizes that health goes beyond physical and psychological health to include aspects such as a person’s quality of life. As we will see in this book, a variety of communication problems can occur in healthcare settings due to different conceptions of health and disease.

Defining communication presents similar challenges. Most definitions of communication view it as a process that involves a sender, a receiver, a message, and a channel. However, a variety of issues, such as the ability of multiple messages to be communicated simultaneously through both verbal and nonverbal channels, the transactional nature of communication (when sender and receiver mutually influence one another), physical and psychological noise in the channel, channel limitations on multiple senders and receivers, and many other facets of the communication process, make it difficult to define.

If you are a communication major, then you may have noticed that communication courses typically focus on one context of communication (e.g. interpersonal or mass communication). Health communication research encompasses many different contexts of communication. For example, researchers who study health communication from an intrapersonal communication perspective tend to focus on people’s attitudes, beliefs, values, and feelings about health-related concepts and messages. Interpersonal health communication scholars tend to focus on relationships, such as those between providers and patients, or they study how everyday relationships (i.e. family members, co-workers, and friends) impact our health.

Other health communication scholars examine health from an organizational standpoint, and they tend to focus on features of the health organizations such as hierarchies, information flow in organizations, and employee–management relationships. Intercultural health communication scholars tend to focus on the unique role that culture plays in terms of how people understand health and illness as well as how

intercultural differences affect healthcare relationships. A large number of health communication scholars focus on social influence and they devote their efforts to understanding how health messages and campaigns can be improved in terms of leading to health behavior changes for large groups of people. Many health communication researchers are interested in the role of the mass media in helping to shape our understanding of specific health-related issues and our more general conceptions of health and illness. Finally, a growing number of health communication researchers are interested in the role that new technologies play in disseminating health information, facilitating relationships among people who share similar health conditions, and improving communication between providers and patients and within health organizations.

A Brief History of Health Communication Research

Although the term health communication has only been around since the mid-1970s (Atkin & Marshall, 1996; Rogers, 1996), communication scholars have taken a scientific approach to studying communication within health contexts for decades. Prior to the formation of the communication discipline in the 20th century, the US has had a rich history of communication campaigns addressing a variety of health issues, such as alcohol abuse, smallpox, improper handling and storage of food, and inadequate healthcare for underserved populations (Paisley, 2001). According to Thompson, Robinson, Anderson, and Federowicz (2005), research in the area of health communication has grown exponentially over the last 30 years. This growth has not only occurred in the US, but can also be seen in the work of scholars from around the world, including researchers from the eastern European/Scandinavian countries, Australia/New Zealand, Asia, and the UK. Organizations such as the European Association for Communication and Healthcare now publish the journal *Patient Education and Counseling*, and it sponsors a conference every two years that attracts interdisciplinary health communication researchers from all over the world.

Scholars in the social sciences who were interested in the study of communication began to examine the healthcare system in the late 1960s, which encouraged communication scholars to follow. Korsch and Negrete's (1972) "Doctor-Patient Communication," published in *Scientific American*, is still regarded as a foundation of the field (Thompson *et al.*, 2005). Much other work came from medical researchers, influencing the study of provider-patient interactions in particular. In 1972 a group of scholars with backgrounds in communication formed the Therapeutic Communication interest group of the International Communication Association (ICA), which was renamed the Health Communication Division in 1975 (Thompson *et al.*, 2005).

The formation of this area provided the earliest forum for the presentation of research on health communication. When ICA began publishing annual reviews in *Communication Yearbook*, there were many chapters on health communication that began defining and showcasing the field. The Commission on Health Communication of the Speech Communication Association (later renamed the National Communication Association) was formed in 1985, further indicating the growth of work in

this area. These developments were followed by numerous conferences and mini-conferences focusing on health communication, including those held at the University of Kentucky.

This widespread interest in health communication led to the creation of two important publication outlets for health communication researchers. The first issue of the journal *Health Communication* appeared in early 1989. This was followed in 1996 by the *Journal of Health Communication*. These publications played an instrumental role in helping to spur the growth of health communication as an area by disseminating health communication research to a wider audience within and outside of the communication discipline.

At the same time that these developments were taking place, important curricular growth was being observed in health communication courses at universities around the world. Many universities now offer programs focusing primarily on health communication and others have strengthened and expanded their health communication offerings. Funding opportunities have increased. Health communication scholars have moved into important policy and administrative positions within the Centers for Disease Control, the National Cancer Institute, and the National Institute for Drug Abuse.

The area of health communication is now widely recognized as vibrant, theoretically driven, pragmatic, and a key contributor in shaping national health policies (Kreps, 2003b). The research in health communication has always focused on real-world, significant problems, not “ivory tower” concerns that are sometimes seen in academia, and this is still the case today. According to Atkin and Marshall (1996):

This specialization has grown rapidly in response to growing pragmatic policy interests, particularly in the public health agencies of the federal government and among private sector healthcare providers. Pressing needs to address alarming problems such as smoking, substance abuse, poor nutritional habits, and AIDS have given a strong impetus (and expanded funding) to the systematic study of communication processes and effects. (p. 479)

The many opportunities for researchers to address real-world health concerns make health communication an exciting area to study. Health communication scholars have had a rich history of conducting research outside of the academic setting. In fact, many of the health communication research studies you will read about in this book were interventions designed to improve physical and mental health outcomes in a number of contexts, such as health campaigns, provider–patient relationships, organizations, and the use of new technologies in healthcare.

The area of health communication continues to grow and diversify. New areas of research have expanded health communication into health domains that many people in the communication discipline probably did not consider 30 years ago, such as hospice and palliative care, spirituality and health, on-line support groups, and tele-medicine. However, a number of health communication topics have remained as prominent themes in the health communication literature over the past 30 years. According to Thompson *et al.* (2005), in an analysis of the topics that appeared in the

journal *Health Communication* between 1989 and 2003, over 20 percent of the articles have dealt with provider–patient interaction, followed by health campaigns (13.4%), risk communication (11.8%), health and aging (8.4%), language and health (7%), media (5.9%), and social support and health (4.3%).

Many of the prominent theories that are still used in the area of health communication have their origins in communication, social psychology, and anthropology (Atkin & Marshall, 1996). This reflects the ways in which theory has developed in the various contexts of health communication research. For example, several theories of provider–patient interaction have their roots in interpersonal communication research, a number of the theories used to understand intercultural health issues have their origins in anthropology, and many of the theories of social influence that are associated with health campaigns have been borrowed from social psychology. As we will see, communication scholars are continuing to refine these earlier theories as well as developing new health communication theories.

Current Challenges to the Healthcare System and the Role of Health Communication Research

There are a number of other current issues that may challenge the US healthcare system in the future. This section presents a brief overview of some of the most prominent issues affecting healthcare within the US, and some of the ways in which health communication research can make a difference.

Aging population

The next several decades will witness a substantial increase in older adults within the US. As we will see, while age by itself is not necessarily predictive of illness, health problems do tend to occur more frequently as we age. Unfortunately, our healthcare system still suffers from a number of communication-related problems when it comes to providing care to older patients. In terms of physician training, geriatrics is still a subspecialty of family medicine, and other issues, such as negative stereotypes of older patients, misunderstandings about the aging process, and health insurance needs of older people, will likely present numerous challenges to the healthcare system. There is a substantial need for health communication researchers to gain a better understanding of health issues associated with our aging population and for the development of interventions that can make a positive impact on this situation.

Cultural diversity and healthcare

Cultural diversity will continue to have a major influence on our healthcare system as people from cultures that have very different perceptions of illness, health, and healthcare immigrate to the US. As we will see, some cultural belief systems regarding health can be at odds with more mainstream conceptions of health, causing problems

for both patients and providers. In addition, within the US, there are many different co-cultures based on ethnicity, region, and socioeconomic status. Culture is often related to health disparities, access to healthcare services, and health literacy, which puts many groups within the US at greater risk for health problems. Health communication scholars are attempting to gain a better understanding of how intercultural differences impact health and healthcare. In addition, many health communication scholars are researching ways that health communication problems based on intercultural differences can be improved as well as ways in which health disparities can be reduced.

Tension between traditional and new approaches to healthcare

Healthcare providers have followed a number of traditional approaches to healthcare that have been challenged in recent years, and the tension between advocates of these approaches and people who favor new ways of thinking about healthcare will likely continue in the future. For example, physicians and other healthcare providers have traditionally been trained to follow the *biomedical model of medicine* (Schreiber, 2005; Tyreman, 2006). This is an evidence-based (and largely physical health-oriented) approach to medicine that relies on scientific methods and procedures for verifying disease, such as laboratory tests (Tyreman, 2006). While the strength of this approach lies in its ability to accurately pinpoint causes of symptoms (which also aids in selecting the appropriate treatment), it is not without its limitations. By focusing primarily on physical causes of illness, the biomedical approach does not always take into account *psychosocial* aspects of illness, such as cultural norms, coping abilities, and life events that may interact with physical health problems. Allegiance to this approach may result in a number of problems, including failure to recognize how features of a patient's day-to-day world (such as cultural beliefs, support networks, and financial status) may lead to their inability to comply with recommended treatments. In addition, conditions that do not necessarily have a clear biological cause (e.g. chronic fatigue syndrome) may be dismissed by providers who follow this approach.

Other traditional approaches to healthcare include a *curative* approach to fighting disease. While most people would agree that using available medications and procedures that can save a person from suffering or death are beneficial, the nature of illness makes this a more complicated issue. With many diseases, such as cancer, chemotherapy and other curative treatments may only temporarily fight the disease. Moreover, these approaches have negative implications for a patient's quality of life (e.g. sickness from chemotherapy, loss of hair from radiation treatment, time spent in the hospital while recovering from surgery). In many cases, a person who does not have long to live due to a terminal illness may spend his or her days in the hospital, sick, embarrassed, or in pain rather than spending quality time with family and friends. As a result, in recent years, we have seen a greater interest in homeopathic and other alternative treatments to fighting disease that have fewer side effects than traditional medications. In addition, there has been a rising interest in *palliative care*, or an approach to medicine that emphasizes reducing pain and suffering among terminally ill patients as opposed to prolonging life at the expense of sickness, pain, embarrassment, and