Chapter 1

The Role of Communication in Health Issues

Chapter Preview

Health communication as an area of study finds its origins in the communication discipline of the 1980s and the areas of interpersonal interaction (i.e., communication between doctors and patients) and mass communication (i.e., public health communication campaigns). Health communication is the study of the impact of communication on health and health care delivery, with attention to the role played by communication in the definition of health and wellness, illness, and disease, as well as strategies for addressing ways to deal with those health issues.

This chapter reviews the inception and growth of health communication, provides an explanation of how and why it has emerged as a central area of study in human communication over the last three decades, and the wide array of areas health communication now embraces. Towards this end, this chapter (1) discusses how and why health communication scholars often draw from interpersonal, group, and organizational communication theory, as well as research in public health, medical sociology, healthcare economics, and epidemiology; (2) examines briefly the main areas of study in health communication; and (3) lays the foundation for the rest of the book.

Middletown University Medical Center

Middletown University, known to be one of the best medical centers in a large Midwestern city, was experiencing a downturn in the number of patients it was treating. It hired a team of researchers to do a patient satisfaction study to find out why. The team administered a short survey including open-ended questions to several hundred former patients. The former patients indicated that they were highly satisfied with the medical treatment they received and rated the hospital as "one of the best in the state." But they also indicated that were not satisfied with the way they were personally treated. Some of the most common comments they made indicating their dissatisfaction included, "No one ever knocked before entering my room" an "I wasn't treated like a person; I was treated like my disease." Shortly thereafter, the hospital changed its protocols for entering patients' rooms and other ways of communicating with patients.

Introduction

It is probably not something you think about very much, but we are all health communicators. If you reflect on this for a moment, a few examples should come to mind. For example, you are engaging in health communication any time you interact with a doctor or other health care professional. As you will see in Chapter 3, you, as the patient, can do several things to facilitate these interactions. You are also engaging in health communication any time you search online for health-related information for yourself or someone else (i.e., parent, child, friend, romantic partner). As we discuss in Chapter 5, there is a plethora of health information on the Internet, and not all of this information is equally valid. You must be able to obtain, understand, and carefully evaluate information in order to have it serve your health information needs.

There are other examples of health communication in everyday life that might not come as readily to mind. For example, you are engaging in health communication any time you receive or offer social support or encouragement to a friend or family member dealing with a physical or mental health issue, or when you become an "ally" of a friend in recovery from addiction (see Chapter 4 and Chapter 14). This can range from helping someone cope with a serious illness such as cancer, to encouraging them to engage in a healthier behavior such as increasing their exercise or improving their diet. You are also engaging in health communication any time you use a fitness tracker to record your daily physical activity, or a diet tracker app to monitor your caloric intake (see Chapter 5). And, you are regularly exposed to public health communication campaign messages and materials (see Chapters 10 through 13) on topics such as safe sex, not texting and driving, responsible alcohol consumption, and more.

Also, did you know that communication with your parents can reduce daily stress and loneliness during your transition to college (Burke, Rupel, & Dinsmore, 2016)? Or, that not receiving enough affection can negatively impact your general health and happiness (Floyd, 2014)? And, that romantic kissing by can significantly reduce stress and even decrease total cholesterol (Floyd, Boren, Hannawa, Hess, McEwan, & Veksler, 2009)? The list could go on and on, but by now it should be clear that you are a health communicator. One of the main purposes of this book is to help you be the best health communicator you can be.

While it is easy to think of health as the opposite of illness and wellness as the opposite of sickness, both health and wellness mean a lot more than that. For more than 70 years, the World Health Organization (WHO) has defined *health* as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1948). Defining health this way signals that health is a foundational aspect of our everyday lives. Because we agree that health is central to all that we do, the focus of this book is the study of health communication in everyday life. We define *health communication* as the study of the impact of communication on both

health and health care delivery. This includes the role communication plays in defining exactly what is understood to be health and wellness, illness and disease and how to handle issues of wellness, health, illness, or disease. As an area of study, health communication looks at the ways in which communication theories and practices contribute to health issues in everyday life (Kreps, Bonaguro & Query, 1998). It focuses on understanding the role of human communication in attempting to inform and change individual and community health-related attitudes and behaviors (Lederman, 2008).

As mentioned previously, health communication first began as a distinct area of study in the communication discipline in the 1980s, although some communication scholars had been studying communication in the context of health for decades before that (Atkin & Marshall, 1996; Rogers, 1996). Thompson et al., however, argue that Korsch and Negrete's (1972) paper published in the *Scientific American* is regarded by most as the foundation of the field. By mid-1970s, some communication scholars interested in communication in health care contexts begin to study what they at first called therapeutic communication (Thompson, 2005).

As the area began to take root as an area of study, communication scientists created academic journals specializing in health and communication such as *Health Communication* in 1989 and the *Journal of Health Communication* in 1996. Universities began to offer courses focusing on the role of communication in health care. Over time, the area has grown not only as an academic area of study, but also as an important aspect of everyday health care and policy formation, a key contributor to the voices shaping health policies on a national level (Kreps, 2003). In fact, according to Thompson et al. (2005), research in health communication has grown particularly rapidly in the last thirty years.

Health communication as an area of study has always focused on the real world and on communication in everyday life (Atkin & Marshall, 1996). In American universities, it grew at first out of two different areas of study: interpersonal interaction, where researchers became interested in the communication between doctors and patients, and mass communication, where researchers began to use the media to promote public health campaigns (Kreps, Bonaguro & Query, 1998; Thompson, 2006). Over the years, however, the study of health communication has come to take into account factors such as the influence on health of the patient's age, gender, race, culture, or previous medical experience. This added additional areas that eventually grew to include these factors as well as the impact of technologies on delivering health care, and even the role of insurance companies as mediators in health care and health care delivery.

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As the area of health communication grew, it also began to include definitions of what concepts like *illness*, *sickness*, *well-being* actually meant to doctors and their patients, and to examine the differences between how doctors and patients understood these things (Sharf & Vanderford, 2003). An example of this would be is a patient who complains about not feeling right and says, "I know there's something wrong with my stomach; it's just not normal for me to have no appetite," and a doctor, after running tests on the patient, concludes, "There's no problem with your digestive system; all the tests show it's normal."

Just as the areas of study which researchers focused on expanded, so, too, there were rapid changes in courses in health communication. This was especially true in the 1980s and 1990s when courses began to incorporate more and more aspects of everyday life, such as obesity, stress, nutrition, and alcohol use and abuse. So, too, the role of gender, socio-economic status, education, and culture became areas of study in doctor-patient communication.

Because of the growing areas of concern that became part of health communication, health communication often draws from many areas of human communication, such as interpersonal, group, and organizational communication theory. It also draws on research in many other disciplines, such as public health, medical sociology, healthcare economics, and epidemiology, in studies, for example of obesity research. In doctor-patient communication, for example, communication researchers address patient satisfaction with medical treatment (Ruben, 1993), as exemplified in the Middletown University Health Center described at the beginning of the chapter. In addition, medical doctors have come to be concerned with communication in difficult situations, such as breaking bad news. In health campaigns, too, research is frequently done by teams of researchers working with practitioners attempting to address or prevent a health issue, such as alcohol use (Lederman et al., 2003) or the role of storytelling and personal narratives in recovery from addiction (Lederman & Menegatos, 2011).

Many other changes have happened to add to the study of health communication since its beginnings. Over the years an array of new areas of study and different theoretical and meta-theoretic approaches continuously expanded the boundaries around the area of study, until today the study of health communication, is the *study of everyday life* through the lenses of health, wellness, wellbeing, sickness and disease (Wright, 2002). Consequently, health communication has become one of the most rapidly growing areas of study in human communication. It contributes to knowledge about health communication in everyday life by bringing together communication scholars with health practitioners as well as with those whose academic training is in public health, sociology, psychology and many of the other medical as well as social sciences (Thompson, 2006). Courses in health communication have proliferated so that now a student can major in communication with a specialization in health communication. It is an area of study of interest to many

undergraduate students but also an area of study with potential for a career after college working either in the health care industry (health care providers, pharmaceutical companies) or in the field of health promotion (wellness promotion, health campaigns).

As you will see in the chapters that follow, the study of health communication contributes to almost all aspects of disease prevention and health promotion studied in this country and in many parts of the world. Health communication has expanded to include the study of social support, risk, aging, language (focusing on language that creates or does not create shared meaning), various media issues, culture, gender, and the role of communication in specific diseases, including alcohol use and abuse (especially among college students), sexually transmitted diseases, obesity, nutrition, cancer, and sports injuries.

Other topics that have become part of the focus of health communication in more recent years include social support, global health concerns, health disparities, family health, mental health, aging, and dying. In fact, the broadening of the areas of study focused on in health communication may well be its most notable characteristic—health communication enters into much of our daily lives. It is evident in our early childhood days when our parents rely on medical information and practitioners. Health communication occurs in their handling of our childhood illness and health issues and continues to the years in which we transition into our lives as college students. Health communication continues to be part of our everyday experience throughout our lives. We rely on our good health until such time as we or others close to us have health challenges—infections, diseases, injuries—or we watch family members, friends and other loved ones struggle with their own health challenges or their concerns for aging family members (parents and grandparents). Health communication, however, does not focus on illness and disease alone. It is about health and definitions of health and healthy, prevention of illness and strengthening of bodies and minds that are healthy and well—physically, mentally and emotionally. Areas of wellness, well-being, prevention, and healthy living are as central to health communication as the study of illness, disease, and sickness.

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To introduce you to this complex and important area of study, this chapter will focus on the two primary areas of study from which health communication emerged (doctor-patient, health campaigns) and examine how each has broadened to include a variety of specific topics. It will address specific diseases around which much health communication research has addressed itself, driving theories and practices. In addition, the book will spell out the other areas of health communication that you will learn about in more depth.

Doctors and Patients: Doctor as Expert or Partner in Healing?

One of the changes that has occurred as health communication has grown as an area of study is a change in terminology reflecting a transformation in the conceptualization of the role-relationship between doctors and those who go to see them. While early books on health communication used the term "doctor-patient communication," as we have in this chapter up until this point, that term has been replaced in more recent literature by the term "health care provider-patient or provider-patient." This is not just to make things more complicated. It is to acknowledge that health care communication situations today involve more than simply the patient and the doctor. They involve a variety of roles in the health care system that are filled by health professionals who interact and communicate with patients. Let's take the health center at a university, for example. Before a student becomes a patient, he or she has to go to the health center and talk with a receptionist. Next, the student has to talk with staff member who gathers the patient's medical coverage and identification; a technician who takes a brief history and perhaps vital signs; followed by a physician's assistant or nurse practitioner; then finally, the patient gets to talk with doctor if necessary.

Beyond changes in terminology and conceptualization, the area of provider-patient communication has expanded to include a wide array of topics generally related to changes in role relationships between health care providers and patients (Scharf, 1988).

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These include specific health issues such as alcohol use and abuse (Laitman, Lederman, & Silos, 2015; Monohan & Lanutti, 2000); HIV/AIDs (Brashers et al., 2000); mental health (Harden, 2005); health information seeking behavior in individuals (Matthews et al., 2002); providers' handling of health information, including bad news and medical errors (Weitzman & Weitzman, 2003). Health communication also examines other issues. These include the role of patients and their responsibility for their health and adherence to medical regimes (Nelson, 2000) as well as social support (Braithwaite & Eckstein, 2003) and information on access to the public health and health care systems (Rosati & Harris-Salomone, 2006). Health communication also includes HMOS (Miller & Ryan, 2001) and the study of the impact of the Internet in terms of health information and also the relationship between doctors and patients (Broom, 2005).

Thus, while the study of doctor-patient communication began primarily with trying to understand how doctors conveyed to patients the health information to get them to comply with the doctors' prescriptions for restoring them to health, health communication research has expanded enormously over the

years. It now includes studies of the role in healthcare of the family, friends, and social networks, as well as the whole range of healthcare providers in which the doctor is included: nurses, social workers, health aides, insurance companies, hospital administrators, and case managers (Lederman, 2008).

Communication between healthcare providers and patients and their friends and families (social support) has increasingly come to include person-specific factors, such as education, intellect, emotional wellness, analytic ability, listening skills, and rhetorical sensitivity. For example, some patients have a long history of medical issues and consequently different experiences in their relationships with their doctors. These patients often have not only a great deal of information about themselves but also about treatments and the effectiveness of those treatments for them. (Gillespie, 2001).

Researchers studying social support have begun to examine the impact of family, friends, and mediated support through Internet-based support groups (Braithwaite & Eckstein, 2003; Rumsey, 2001). They have also examined informal communication networks and the ways these groups can function to help members better understand health and illness, as well as addressed health communication among friends. For example, examining how students talked with one another about drinking in their own words ((Lederman, Stewart, Goodhart, Powell, & Laitman (2003) or the role of affection in wellness (Floyd, 2006).

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There is also a focus on health outside of the medical context and outside of planned intervention. Sometimes this exists in talk about health in everyday life (Cline, 2003). Other instances are the ways in which patients involve their social networks in their health issues. Most of us spend much more time discussing health issues in everyday talk than we do in medical interactions or experiencing deliberate health intervention efforts (Cline, 2003), which is just one more way that the boundaries between health care and everyday life are disappearing.

In sum, what was once considered doctor-patient communication has expanded to include both the array of medical professionals the patient deals with as well as the support system of the patient and patient's knowledge system (information from the Internet). Chapter 3 will examine in-depth the evolution of the study of healthcare provider-patient communication. For now, we are discussing the interaction known as doctor-patient or healthcare provider-patient interaction. In the next section we'll examine how the study of communication and health campaigns has evolved. This evolving role of the healthcare provider and patient interaction is discussed later.

Health Campaigns and Advocating Healthy Behavior

In addition to burgeoning areas of study that once confined themselves to doctor-patient communication and patient compliance, the role of communication in health campaigns, public health, and health prevention has expanded its focus greatly.

Health communication has had an impact on health campaigns and health promotion from the beginning of the study of communication and campaigns. *Health campaigns* are defined as public campaigns in which the subject matter is health, and the purpose of the health messages is to influence health-related attitudes and behaviors (Atkin & Wallack, 1990). The driving force behind health campaigns and health promotion tends to be problem-solving: addressing a particular health issue in order to prevent its occurrence (Rice & Atkin, 2001; Salmon & Murray-Johnson, 2001; Snyder, 2001). An important landmark in the development of a theoretical perspective on health campaigns is Lapinski and Witte's piece (1998) in which they divide the theories underlying these campaigns into macro-level theories of change and micro-level theories of change. Fishbein and Yzer (2003) also provided a theoretic lens through which to view health campaigns. Despite the difference of the many theories, what is most important is that all are concerned with how and why campaigns are effective or ineffective in influencing health attitudes and behaviors.

Another area of growth in the health campaign literature is the dissemination of health messages through public education campaigns that seek to change the social climate to encourage healthy behaviors, create awareness, change attitudes, and motivate individuals to adopt recommended behaviors (Atkin & Wallack, 1990; Backer, Rogers, & Sopory, 1992; Maibach & Parrott, 1995). In the early years, these campaigns relied on mass communication channels. Guttman (1997) concerned herself with an awareness of the power of the strategies used in influencing attitudes and behaviors and the inherent responsibilities implied by the knowledge we have of what moves people in the direction of change. This is of particular concern as campaigns began to integrate mass media techniques with community-based programs. Examples include using social marketing techniques or social norming messages (Lederman & Stewart, 2005); public health/campaigns (Atkin & Wallack, 1990; Gutman, 1997); the construction of public health messages and campaigns (Backer, Rogers, & Sopory, 1992; Witte, 1992); and images of health in the mass media and the culture (Lederman, Lederman, & Kully, 2004; Slater, Karan, Rouner, & Walters, 2002).

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Much of the research in health communication rests on theories that explain communicative phenomena, not just health communication behavior. Considerable evidence also shows an increasing trend in health campaigns and promotion toward theory testing. While there is less evidence of new theory development, there are campaigns that help in the development of communication theory. Lederman and Stewart (2005), in their work on college drinking, have advanced a conceptual framework consisting of socially-situated experiential learning that provides a conceptual basis and grounded theory approach to the ways in which learning takes place around a health issue with implications for many issues beyond college drinking.

Other work takes a critical and cultural approach to health campaigns. Examples include plain language websites for parents of deaf children, studies that look at pro-eating disorder websites, interactive safer-sex websites, drug resistance strategies, recall of anti-drug public service announcements, media literacy and smoking in adolescents, SARS (Severe Acute Respiratory Syndrome) in the media, telemedicine, and wording in health Internet sites (Thompson, 2005).

One of the ways in which communication theory and practice has influenced public health campaigns is in the research that indicates that effective health promotion and communication initiatives adopt an audience-centered perspective. In applying fundamental persuasion theories to the analysis of public education campaigns, health communication scholars brought to public health campaigns conceptualizations developed by individuals with specific knowledge of the audience to whom those messages were addressed, the relevant attitudinal, behavioral, and cultural characteristics of those audiences as well as their media use patterns (Signorielli & Staples, 1997).

Research on targeting specific segments of a population and tailoring messages for individual use are exemplified in Harrison (2003) which examined how exposure to mediated images of men and women influenced how people perceive the size and weight of their own bodies. She illustrated ideal-body media and their relationship to risky health practices like plastic surgery or extreme dieting. Lederman, Lederman, and Kully (2004) explored the impact of the media on health issues by examining the ways in which media often perpetuate myths about social norms, particularly those related to health practices and outcomes. The authors focused particularly on the role of television in portraying a health issue, and how the impact is a product of both the medium and the minds of its users Lederman et al. examined how myths about dangerous college drinking to demonstrate the co-constructed meanings between mediated images and the individuals who consume them. Brodie, Kjellson, Hoff, and Parker (1999) explored the ways in which there is a need for accurate and effective mass media coverage of health topics and concerns for racially and ethnically diverse audiences. Pfau, Von Bockern, and Kang (1992) drew upon inoculation theory as a strategy to prevent children from beginning to smoke. As health messages move from a curative focus to a preventative one, strategies like inoculation have proven most beneficial

for reaching adolescents with low self-esteem. Miller-Day and Barnett (2004) examined the need for better drug prevention campaigns by examining ethnic identity and the perception of cultural norms that may be linked to drug use and the attitudes and beliefs about it (Allman, 1998; Buckman, 1984; Miranda & Brody, 1992). To do justice to the area of health campaigns today, Part V of the book is dedicated to exploring it in depth as described in the summary in the next section of the chapter.

Overview of This Book

Part I: Communication and Health: An Overview

Part I of this book provides an overview of the broad topic of communication and health.

Chapter 1 Communication in Healthcare

In this chapter, we examined how more patients enter into their medical visits having talked first with others, including some who have dealt with the same health issue. This means that the role of communication in healthcare continues to change. In the chapters that follow we will examine health communication in most of the major areas of everyday life. Part I concludes by looking at the role of communication in college health issues.

Chapter 2 College Health

The chapter looks at college campuses today and the wide array of health services dedicated to the well-being and educational success of their students as well as the role of communication in all of these. We examine the health services that are generally found on residential college campuses, such as physicians with a host of specialties (e.g. internal medicine, sports medicine, emergency medicine, gynecology), as well as nurse practitioners, psychologists, psychotherapists, and experts in health promotion. In addition, the chapter describes health service programs in wellness and health promotion that are offered on most residential campuses to address topics with particular pertinence to traditional students, such as alcohol and other drugs, body image, nutrition, stress, depression, loneliness, sexual assault, sleep disorders, and sexuality. The first two chapters provide the framework for the book, and the chapters that follow go into more depth on various aspects of health communication in everyday life today.

Part II: Providers and Patients: The Changing Role of Patients in Health Care

Part II of the book focuses in depth at the changing role of patients in health care.

Chapter 3 Patient Provider Communication

In this chapter, we continue the examination of the evolving role of the relationship between patients and their health care providers. Beyond changes in terminology, patients have come to have an expanded view of their active role in their own care. Many prefer to see the doctor as a partner in healthcare rather than the all-knowing expert. This is not true for all patients, of course; many continue to treat the doctor as the all-knowing expert. The chapter takes an in-depth look at the different ways in which patients and their doctors relate to one another in addressing the patient's well-being.

Chapter 4 Social Support and Self-Help Groups

This chapter discusses a growing emphasis in health communication on health outside of the medical context and outside of planned intervention, including talk about health in everyday life, and the ways in which patients involve their social networks in their health issues. We examine the impact of family, friends, and mediated support through conversation, informal communication networks, and Internet-based support groups and the ways these groups can function to help members better understand health and illness, effective and ineffective support.

Chapter 5 eHealth and Health Information Technology

This chapter extends the exploration of the evolving relationship between patients and providers by going beyond patients' relationships with family and friends, to look at their extended digitally-based social network. For example, some patients may rely on social support websites designed to pool and share information on a health issue, such as grief and grieving. In addition, more patients than ever bring relatives or other companions to serve as their advocates in the health interaction. The chapter completes the examination of the patient provider relationship by helping you critically evaluate the role and importance of technology in both patient/provider communication and health promotion and disease prevention campaigns. This chapter also explains the very promising practices of using computer-tailored messages to develop messages intended to reach one specific person based on characteristics that are unique to that person, and reviews how the Internet, computer software, and a variety of other multimedia have become particularly prevalent and important in field of health communication.

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Part III: Health Communication in Organizations, Groups, and Teams

Part III of the book examines formal health organizations and communication among health professionals.

Chapter 6 Health Communication in Organizations

This chapter focuses on modern health care delivery systems such as major medical centers, hospitals. It discusses clinics that have become increasingly complex with a number of different specialized decentralized units (emergency, surgery, pharmacy, radiology, obstetrics, etc.) operated by staff (doctors, nurses, therapists, pharmacists, orderlies, nutritionists, social workers, janitors, security personnel, etc.) with unique training and responsibilities to serve the many different health care needs of a wide range of patients. This chapter also examines the demands for effective organizational communication in modern health care systems and recommend strategies for coordinating health care processes with diverse internal audiences with health care systems and with relevant external constituencies.

Chapter 7 Communication and Health Care Teams

This chapter completes our look at communication in the formal health care environment by examining the role of communication in teams of health care professionals. Healthcare teams consist of but are not limited to physicians, pharmacists, nurses, behavioral health specialists, support staff, and health care consumers/patients. Modern health care practice demands coordination of services across an array of these interdependent professionals in the health care system through active teamwork. The challenges to interprofessional coordination are often underestimated and such coordination demands advanced interpersonal and group communication skills, as well as sensitivity to professional and cultural differences. We will examine the role of communication in team leadership, decision-making, coordination, and conflict management.

Part IV: Gender, Culture, and Health Communication

Part IV is devoted to factors like gender and culture in health care.

Chapter 8 Health Disparities

Epidemiological health research and records have clearly illustrated serious inequities in health outcomes across different populations. For example, African American women have been found to be far more likely to die from breast cancer than White American, Hispanic American, or Asian American women, even though the incidence of breast cancer is not any greater for African American women than these other groups of women. Research concerning disparities in health outcomes often referred to as health disparities

research has shown that communication plays a large role in causing differential health outcomes. Populations that experience poor health outcomes often do not have access to the most accurate and relevant health information. They often do not receive necessary social support and encouragement to address important health issues. They often have limited opportunities to express their health needs and concerns, as well as limited access to health care services. This chapter will examine the variety of communication factors related to health disparities that affect different at-risk populations, including racial and ethnic minority, immigrant, elderly, disabled, sexual minority, and female populations. We will also examine best strategies for reducing health disparities and promoting greater equity in achieving desired health outcomes.

Chapter 9 International and Global Health Communication

This chapter examines how many serious health care problems such as HIV/AIDS, influenza, diabetes, heart disease, and cancer do not respect international boundaries, but have negative influences on people living in many parts of the world. In the case of infectious diseases, serious health problems such as Ebola or Avian flu are often transmitted across national borders. Similarly, large-scale environmental risks from hurricanes, floods, earthquakes, volcanos, tsunamis, and other crises often pose serious threats to the health of people living in different contiguous countries. Coordination across countries is needed to respond effectively to international health problems. It is important to recognize and address shared international concerns and responsibilities for addressing major health problems. International communication about serious and emerging health risks is essential for sharing relevant information and developing effective strategies for addressing health problems across international borders. Yet, international communication is complicated by the use of different languages, different cultural beliefs, and different political systems. This chapter will examine the best practices for promoting global health through effective international health communication.

Part V: Health Communication Campaigns

Part V provides an in depth discussion of health campaigns.

Chapter 10 Health Communication Campaigns: An Overview

This chapter provides an overview of the steps involved in the health communication campaign process, including planning and strategy development, developing and pretesting messages, implementing the program, and assessing effectiveness and making refinements. This chapter also discusses the importance of formative evaluation (which is conducted *before* the program is fully designed or implemented), process evaluation (which is conducted *during* program implementation make sure the program was implemented

as intended), and outcome evaluation (which is conducted *after* the program has ended to assess its effectiveness). Finally, this chapter introduces one qualitative research method, focus groups, which are commonly employed during the formative evaluation phase of a health communication campaign.

Chapter 11 Theories and Models of Behavior Change

Few health communication scholars or practitioners would disagree with the premise that interventions should be theory based. Thus, this chapter provides students with a greater understanding of the role and importance of theory in health communication campaigns. Perspectives covered include the health belief model, social cognitive theory, the extended parallel process model, and the theories of reasoned action and planned behavior. In addition to reviewing each theory, we provide examples of how each of these theories can been applied a health communication campaign focusing on college student health.

Chapter 12 Stage Based Models of Behavior Change

Chapter 12 continues where Chapter 11 left off with a discussion of stage-based models of behavior change. Specifically, it introduces the ideas of response shaping, changing, and reinforcing, review diffusion of innovation theory, as well as the trans-theoretical model (a.k.a., stages of change).

Chapter 13 Demonstrating Your Health Communication Program Worked

This chapter provides a more in-depth understanding of the outcome evaluation process, which is conducted after the campaign has concluded to determine what difference, if any, your program made. This chapter focuses on designing and critically evaluating two quantitative research methods, surveys and experiments, to help students become intelligent consumers of the health communication research that affects their lives.

Part VI. Looking Ahead

The last two chapters in this book review current and future trends in health communication.

Chapter 14 Health Communication, Alcoholism and Recovery

Health communication has expanded to include the role of health in various diseases. This chapter focuses on one of those diseases: alcoholism and addiction. It defines alcoholism and addiction as a disease (American Medical Association), includes a discussion of the evolution of terminology used to refer to alcoholism and addiction, and the impact of the word choice in the framing of this very serious health issue. The chapter examines

alcoholism and addiction on college campuses and how it gets confused with or masked by heavy college drinking. It examines how dominant cultural narratives make alcoholism harder to detect on college campuses than in other contexts, despite the reality that 10% of all college students who drink suffer from alcoholism. The chapter describes treatment for alcoholism and recovery, including a discussion of Alcoholics Anonymous and the role of social support in recovery from alcoholism. It examines the role of personal narratives (story telling) in recovery, and describes peer-based self-help groups on college campuses.

Chapter 15 The Future of Health Communication

The field of health communication research, education, and application has grown tremendously over the past three decades. Increasing numbers of health communication courses are being offered to undergraduate, graduate, and health professional students at colleges and universities around the world. Professional and continuing health communication education programs are commonly offered to practicing health professionals to maintain their professional accreditations and as part of professional development programs at health care delivery systems and health promotion agencies. Active health communication research programs are underway at universities, health care centers, government agencies, foundations, and corporations around the globe. Health communication has become a transdisciplinary field of study, with programs in schools and departments of communication, public health, medicine, nursing, pharmacy, dentistry, and health administration. Major health care systems and government agencies have developed special health communication units to ensure that the best health care and health promotion communication practices are being used. New guidelines, legislation, and policies have been developed to guide the best health communication practices. We believe this rapid growth of health communication research, education, and practice will continue in the future and hope that we can work together to develop relevant knowledge about the best ways to use communication practices, programs, technologies, and policies to promote the best health outcomes.

The environment for communicating about health has changed significantly over the last 30 years as technology has changed health care and delivery much as it has changed many aspects of American life. So, too, has health communication that has grown into an important area of study in communication. The role of communication in health issues has a widening array of health issues competing for public attention, consumer demands for more and better quality health information, the Internet, social media, family and other support systems and television advertising of prescription drugs to consumers (as well as sales of medications over the Internet).

Health communication, which we saw at the beginning of the chapter began with a vast gap between the study of doctors and their patients' resistance to medical regimes and health campaigns designed to deliver and evaluate public health campaigns, has become a far more wide-ranging and complex area

of study. Doctors communicating with patients on email, Internet access to health information, support groups and chat rooms, social networks and social media exemplify the dramatic and rapidly transformation of health care delivery and the role of communication in health issues. Patients today have the capacity to enter medical situations informed by an array of resources that change the communicative roles and responsibilities of medical interactions.

We wrote this book to help you understand the role of communication in health care, and especially your own, in today's everyday life. Throughout the book we will provide examples about college students and college health issues to illustrate the many aspects of health and health communication discussed in the book—to show you how health communication may already be more relevant to your daily life than you may have thought about. We invite you to think of this book as written to both introduce you to health communication and to educate you on how you yourself can be more effective in your own communication about your health.

Chapter Summary

This chapter looked at the history of health communication as an area of study and traced its origins in the communication discipline to the 1980s and the areas of interpersonal interaction exemplified primarily in the analysis of communication between doctors and patients, and in mass communication with attention to public health campaigns. The chapter reviewed those areas of study and the role of communication in them as they emerged and changed. It reviewed other areas of communication from which health communication draws as well as research from other academic areas. It presented the foundation for the rest of the book by summarizing other chapters and giving a sense of what the book covers.

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