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**Trends and Future Directions in
Health Communication:
A Culture-Centered Approach**

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Trends and Future Directions in Health Communication: A Culture-Centered Approach

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Introduction

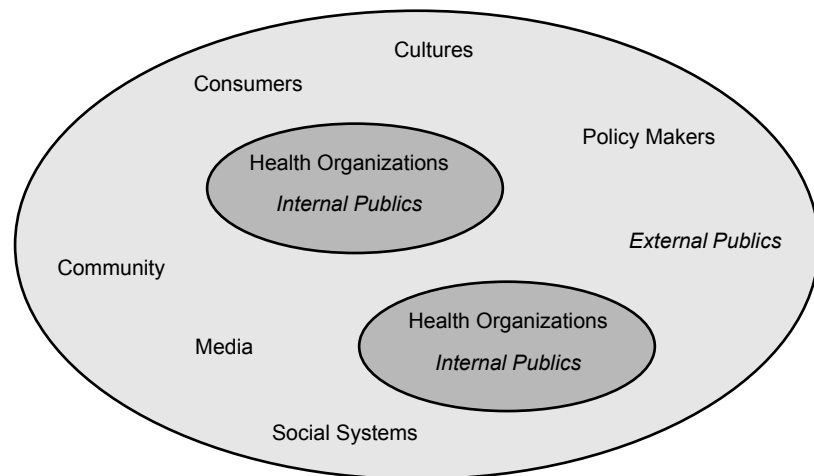
Health communication scholars have increasingly called for the development and synthesis of theoretical insights in understanding, interpreting, explaining, predicting, analyzing and critiquing communication processes, strategies, tactics, and messages in healthcare settings (Thompson, Dorsey, Miller, & Parrott, 2005). The theoretical emphasis in health communication demonstrates the relevance of theory in the development of meaningful and effective applications, and is an exemplar of the ways in which theory and practice can inform each other in the context of communication problems. As Thompson (2005) points out, the field has been increasingly sensitized to the importance of theoretically driven insights that would equip scholarly understanding of communication processes in healthcare and thus inform the development of healthcare solutions both in the US and globally. Theorizing in health communication has by its very nature been driven by practice, and in turn, has contributed to the ways in which the delivery of healthcare has been practiced. The goal of this chapter is to review the state of the field in health communication, provide an overview of the major health communication theories, examine the current trends in health communication scholarship and suggest future directions for research agendas, methodological approaches and practical applications in the field of health communication.

As a discipline, health communication may be defined as the study of communication principles, processes and messages directed toward the development of small (micro), medium (meso), and large (macro) scale health solutions (Du pre, 2005; Dutta, 2007a). Whereas the process-based perspective suggests that communication is an ongoing human effort to create and share meanings for interpreting the world around us (Pearson & Nelson, 1991), the message-based perspective emphasizes the ways in which effective communication materials may be created to have desired effects on the audience (Murray-Johnson & Witte, 2005). The different scales of the solutions in healthcare are dictated by the nature of the problem being studied and the level of emphasis that guides the identification of the problem (Dutta-Bergman, 2004i). Furthermore, the level at which health communication solutions are articulated are embedded within the contexts in which we construct the healthcare problem to be studied. For instance, the study of physician-patient communication typically focuses on the locally situated context of the physician's office or examination room where the interaction between the physician and patient takes place (Dutta, 2007a). In contrast, the study of radio-based health promotion messages focuses on the context of the communities (local, state, and/or national) within which the radio programming is broadcasted (Dutta, 2007a). The scale and context of the healthcare problem are central to the ways in which health communicators go about developing and utilizing theories to address the problem. This emphasis on the broader context of healthcare is increasingly evident in health communication scholarship that underscores the importance of an ecological perspective that locates health communication within

the broader environment in which healthcare structures, institutions and processes are situated (Airhihenbuwa, 1995; Airhihenbuwa & Obregon, 2000; Dutta, 2007a, 2007b; Dutta-Bergman, 2003, 2004g, 2004h, 2004i; Street, 2005). In other words, health communication theorists as well as practitioners are becoming increasingly sensitized to the complexities and interrelated webs of communicative processes within which healthcare is situated and health meanings are continuously negotiated.

Figure 1 depicts the different levels and contexts for health communication scholarship from an ecological perspective. Health communication here may be conceptualized in the realm of health organizations and the principles of organizing of healthcare systems, communities and cultures. Healthcare is typically delivered by health organizations such as clinics and hospitals that communicate with a variety of stakeholders such as patients, relatives, media, communities, policymakers etc. in order to provide health solutions. As articulated earlier, depending upon the lens that is applied to investigate a health problem, the study of health communication can be categorized into micro-, meso-, and macro-level perspectives when articulated in the context of the health organizations.

Figure 1: The nature and scope of healthcare communication



The micro-level emphasis in health communication typically focuses on the interpersonal relationships that play out in the context of health organizations, families, friendship networks and various forms of organizing. Studies of physician-patient interactions and social support in health communication typically fall within this domain. Scholars studying physician-patient interactions typically focus on describing and explaining the nature of physician-patient relationships, the characteristics of competent health communication skills, and then create skills training programs that are directed at providers and patients.

The micro-level perspective in health communication is also evident in diffusion of health interventions that utilizes peer networks and opinion leaders to communicate health information. In such instances, one-on-one interactions among individuals diffuse the information in the community and create opportunities for diffusing the information into the broader community, thus demonstrating the possibilities of linking the micro with the macro level elements of health communication (Dutta, 2007a).

The meso level emphasis in health communication examines the nature of communication processes, infrastructures, and messages in health organizations and in the relationships between health organizations and their multiple publics (Lammers, Barbour, & Duggan, 2005). Whereas traditional health organizations include those organizations that are directly involved in the delivery of healthcare such as physicians' offices, medical groups, hospitals, nursing homes, hospices, and departments of public health, it is also important to widen the scope of our definition to include workplaces because significant proportions of healthcare are delivered through workplaces. Organizational studies in health communication investigate the nature of communication in healthcare teams, occupational identification, management of organizational change, the role of leadership in health organizations, the nature of healthcare in organizations, the points of delivery of healthcare etc. The relationship between health organizations and their publics falls within the purview of strategic communications and health communicators working on organization-public relationships focus on the various strategies that might be utilized by organizations to build effective and meaningful relationships with various stakeholder groups. Strategic communicators investigate the various messaging techniques that might be deployed to accomplish persuasive tasks, to achieve organizational objectives, to prevent crises, to respond to crises etc.

The macro-level perspective in health communication studies the community and societal level aspects of healthcare processes and systems (Airhihenbuwa, 1995; Dutta, 2007a, 2007b; Dutta-Bergman, 2003, 2004i). Health communicators, for instance, often engage in community-based interventions that utilize communities as channels to diffuse health information, health beliefs, health attitudes, and health behaviors. The community serves as a point of entry for reaching out to the target audience of health promotion campaigns (Murray-Johnson & Witte, 2005). A significant proportion of community-based health communication programs harness the high reach of mass media to reach out to large scale audiences. The macro-perspective is further evident in studies of health communication that investigate social patterns in the distributions of disease and health, and suggest strategies for developing societal-level interventions to address health problems. Health communicators studying healthcare policies also adopt a macro-level perspective to understand the ways in which health policies are discursively constructed, the ways in which such policies limit possibilities for health, and suggest transformative communication strategies that open up opportunities for changing unhealthy structures in social systems (Dutta, 2007a). Although the micro-, meso-, and macro-level perspectives provide different entry points for understanding, describing, interpreting, explaining and ultimately transforming healthcare systems, much of current health communication work exists at the intersections of these levels. For instance, workplace health promotion programs utilize one-on-one peer networks and mass mediated channels to diffuse health behaviors in the organization. What we see here is the interpenetration of the micro- (one-on-one), meso (organizational), and macro (mass mediated) dimensions of health communication.

In the next section, I will review some of the key areas of health communication scholarship in recent years. In identifying these key areas, I have particularly paid