

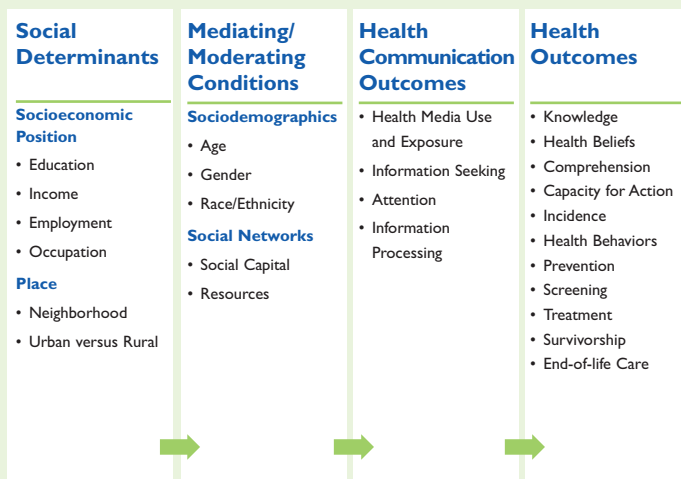
Social Context Influences Interpersonal Health Communication

Studies have shown that a person's social context can affect health communication access and usage, which, in turn, can affect health behaviors and outcomes, such as smoking, cancer screening, and disease.

A person's social context is made up of macro-level environmental factors such as racial and ethnic disparities, socioeconomic inequalities, access to social networks and social capital, social support, and mass media. Communication inequalities are defined as differences among social groups in the generation, manipulation, and distribution of information at the population level, and access to and ability to take advantage of information at the individual level.

Health communication does not take place in a vacuum, devoid of external influence. In fact, interpersonal health communication exchanges, including those between friends, family members, patients, health care providers, and others, are part of a complex social system that influences information exchange and subsequent health knowledge, behaviors, and outcomes. Forms of interpersonal communication that may impact health include information seeking, uncertainty management, and stress buffering.

Structural Influence Model (SIM) of Communication Inequality



Source: Viswanath, Ramanadhan & Kontos, 2007

Quick Facts

- Aspects of social class influence patterns of health behavior and health outcomes.
- Interpersonal relationships and social ties can act as a buffer to reduce the impact of stress on personal health, and can promote information sharing and preventive action.
- Both doctors and patients bring to their medical discussions all of their personal characteristics and social-contextual influences, including age, race/ethnicity, gender, education, personality, social attitudes, values, and physical and mental health.
- Patient-provider communication influences health outcomes such as patients' compliance with treatment, response to treatment, length of time in the hospital, and quality of life.

HINTS Data Highlight Role of Social Context in Health

In a publication using HINTS 2003 and 2005 data, researchers explored the role of social context in interpersonal communication endeavors related to health, such as knowledge of cancer prevention behaviors and satisfaction with doctor-patient communication.

Knowledge of Cancer Prevention Behaviors

HINTS 2005 data show that belonging to two or more community organizations is associated with increased knowledge of a colon cancer screening test, as well as increased knowledge of recommended levels of exercise and fruit and vegetable intake to reduce cancer risk. These findings support other research, which has shown that social ties are a source of information exchange and that higher community involvement is associated with a more accurate recall of health promotion messages.

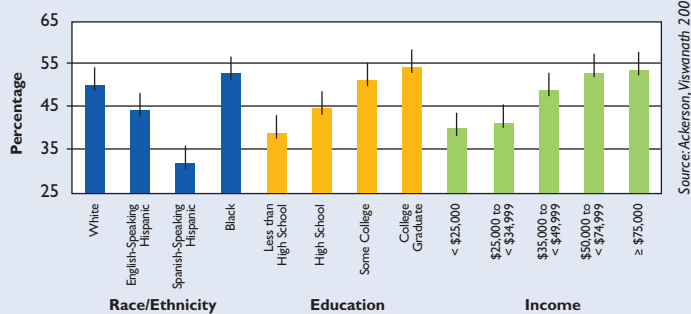
Satisfaction with Doctor-Patient Communication

HINTS 2003 data indicate that Spanish-speaking Hispanics, individuals with low education, and those living in the poorest households are the least likely to report that their physician explains information in an understandable manner, respects their comments and questions, or involves them in decisions about their medical care. These findings add support for other research showing that those with the lowest levels of education are the least likely to seek health-related information and the most likely to have difficulty finding, understanding, and trusting the quality of the information they receive.

Cont>

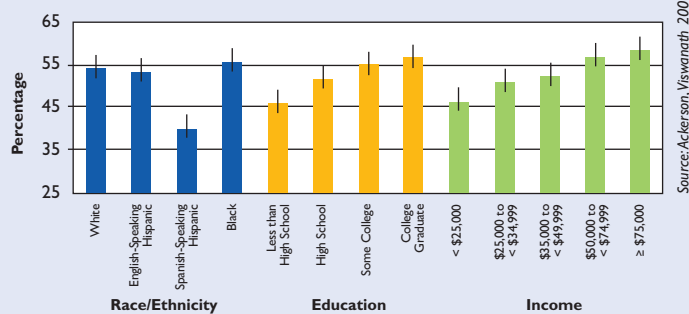
HINTS Data Highlight Role of Social Context in Health (cont)

Age-adjusted prevalence of respondents to the 2003 HINTS survey who say that their physician always explains things so they can understand.



Source: Ackerson, Viswanath 2009.

Age-adjusted prevalence of respondents to the 2003 HINTS survey who say that their physician always respects what they have to say.



Source: Ackerson, Viswanath 2009.

Satisfaction with Doctor–Patient Communication

Differences by Race/Ethnicity, Education, and Income

A majority of Americans who have seen a healthcare provider in the last year report that the doctor–patient communication experience is always or usually satisfactory in terms of having issues explained in an understandable manner, and feeling that their questions and comments are respected by their provider. Satisfaction with doctor–patient interactions can differ, however, by the social characteristics of patients. For example, there is a fine gradation in patient satisfaction by levels of education and income. Further, ethnicity and language play a role.

Race/Ethnicity

Spanish-speaking Hispanics are the least likely to report that their physician always explains things in an understandable manner, and that their physician respects what they have to say. In contrast, Blacks,

followed by Whites and English-speaking Hispanics, are the most likely to be satisfied with the doctor–patient communication experience.

Education

HINTS respondents with higher levels of education are more likely to say that their physician always explains things in an understandable manner, and that their physician respects what they have to say. There is a fine gradation by education level, whereby those patients with the highest levels of education are more satisfied with their doctor–patient communication experience than those with lower levels of education.

Income

Similar to differences in satisfaction with the doctor–patient communication experience by education, there is an income gradient in levels of patient satisfaction. Those HINTS respondents with the highest levels of income are more satisfied with their doctor–patient communication experience than those with lower incomes.

How Can This Inform Your Work?

A large body of evidence has documented profound social disparities in health. Recent research has delineated how some macro-level factors such as social class and social networks, and secular trends such as the penetration of new communication technologies, contextualize

interpersonal interactions. As such, interpersonal interactions, either between patients and providers or family members and friends, offer a potential opening to bridge current disparities in health—if social context is taken into account when developing interpersonal communication strategies to reach underserved populations with health messages.

About HINTS
<http://hints.cancer.gov>

The National Cancer Institute (NCI) fielded the first Health Information National Trends Survey (HINTS) in 2002 and 2003, surveying 6,369 Americans. Subsequent surveys followed in 2005 and 2008. HINTS was created to monitor changes in the rapidly evolving field of health communication. The survey data can be used to understand how adults use different communication channels to obtain health information for themselves and their loved ones, and to create more effective health communication strategies across populations.

HINTS Briefs provide a snapshot of noteworthy, data-driven research findings. They introduce population-level estimates for specific questions in the survey and summarize significant research findings that are a result of analyzing how certain demographic characteristics influence specific outcomes. Many Briefs summarize research findings from recent peer-reviewed journal articles using HINTS data.

For More Information on Cancer

- Call the NCI Cancer Information Service at 1-800-4-CANCER
- Visit <http://cancer.gov>
- Order NCI publications at <https://cissecure.nci.nih.gov/ncipubs/>

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