Spring 2016

COMM 7871: HEALTH COMMUNICATION IN INTERPERSONAL CONTEXTS
Tuesday/Thursday 3:55-5:15 PM
Derby Hall 3116

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Office Hours: Thursday 1:45-3:45 PM & by Appointment

Course Description & Goals

This graduate seminar provides an overview of classic and contemporary literature in health communication within interpersonal (IP) contexts. This similar will familiarize students with the major topic areas, theories and research in IP Health. We will also discuss the development of health communication interventions utilizing interpersonal channels of communication. Topics we will discuss include patient-health professional communication, health communication in families and intimate partner relationships, social support and caregiving, culture and health disparities, as well as interpersonal health interventions and campaigns. This seminar will encourage critical thinking and facilitate independent thinking on a topic of personal interest.

Required Readings

Journal articles and book chapters for each class section will be posted on Carmen. Please note that the list provided in the syllabus is subject to change. There is no required book for this course.

Course Requirements

Seminar Participation (10%)

This is a graduate seminar, where lecturing is minimal, so everyone should be attending class and participating at a high level. Participation includes coming to class prepared with the readings complete, offering comments and asking questions during discussion, completing assignments and milestones fully for your seminar paper, actively participating in the paper review process, and coming to meetings with your instructor. I will assess your participation after each class and assign you a final score at the end.

Seminar Discussion Questions (10%)

On days when readings are assigned, you should prepare TWO thought-provoking questions for each of the assigned readings. *Your questions should be submitted to the Dropbox no later than 11:59 PM the day before class.* There are 20 classes were questions need to be posted (100 points)

These questions should not simply test our knowledge of the readings – they should be original, open-ended questions that can serve as the basis for class discussion, to extend our thinking on and critique of the readings. Good questions are those that ask about the assumptions or implications of the theory, practicality or application of the theory and research, link the research/theory to other concepts and/or readings, or offer a critique or alternative interpretation of the text.

You will receive 5 points each set of questions posted. If you do not provide questions, you will receive 0 points. If your questions are not well-written, are not put together thoughtfully, or do not include all the

required elements you will receive 3 points. In general, I will comment *only* on your questions during class time. I will not provide individual feedback on Carmen.

Seminar Paper (50%)

In this class you will write one major paper that either (a) proposes original quantitative or qualitative research on a topic in interpersonal health communication (including background, research questions/hypotheses and methods) or (b) proposes or extends a theory of interpersonal health communication. Your goal is to develop a project that can serve as the basis of an IRB application, student grant application, or paper for submission to a conference or convention. Remember -- this paper doesn't have to be a research proposal. A paper proposing or extending a theory can be quite valuable in planning for your thesis/dissertation, and can be submitted directly to a conference.

Your seminar paper should be 5,000 words or less (not including title page, abstract, references and any tables/figures); this is the standard for most health communication journals. Furthermore, I will emphasize quality over quantity. You will be graded on the (a) conciseness and quality of your writing, (b) organization of the paper, (c) use of the existing literature and (d) potential for scholarly contribution.

Seminar Paper Milestones

To help you in development of your paper, you will complete the following milestones along the way. These assignments will help you decide on and develop a topic, and will provide you with feedback on the paper.

Preparation Work (5%)

I would like for you to come up with TWO potential topics for your seminar paper. Please list each topic and then outline the: (a) major research question/problem the paper will tackle, (b) theoretical underpinnings, (c) how the topic supports/extends the existing literature, (d) feasibility of completing the project given your resources/timeline. It's good to include references, but you don't need to provide a full reference list. *You should write only one single-spaced page for each topic.*

In addition, I would like for you to find 2 sample papers for each topic that might serve as model articles for what you would like to do in your paper. For each paper, please write a short one-paragraph description of the paper and why you think it can serve as a model for your project. When you turn in your assignment, please include the sample papers.

Following the submission of your preparation work, we will meet individually to discuss your topics and direction for your seminar paper.

Paper Outline (10%)

Prior to writing your paper, you will be asked to turn in an outline that you will use to develop your rough draft. While this is an outline, I would like for it to be quite comprehensive. Additionally, it should show that you have completed an initial literature search and include sources that you will use in each area of your paper. As with the previous paper, you don't need to generate a reference list.

I will ask you to outline the: (a) the context of your research (if applicable) and the public health significance, (b) previous work in this area, (c) major theories guiding your project, and (c) how your work extends existing theoretical/empirical literature, and (d) overview of your new theoretical model or proposed project. Bullet points and incomplete sentences are fine for this assignment.

Paper Draft Review (5%)

Peer-review is a fundamental part of scholarly activities, but providing others with constructive feedback is a skill that takes time and practice. Additionally, many students never receive training on how to respond effectively to reviewers in regards to their recommendations.

As part of your term paper development, you will be asked to read ONE draft seminar paper/proposal and write a two page (single-spaced) critique of this work. You will submit one copy of the review to the writer and one to the instructor. The grade for this assignment will be based on the extent to which the review provides constructive feedback on the concepts and/or methods presented in the manuscript. You will be paired with someone else doing similar work and during one class period will meet to discuss your reviews of each other's papers.

Seminar Roundtable Presentation (10%)

Each student will give a 5-10 minute roundtable presentation on his/her seminar paper, followed by a five-minute question and answer period. I am striving for something similar to "Roundtables on Research in Progress" at the National Communication Association Annual Conference. This is not a formal research talk, but a brief description of your proposal or theory. Your talk should also be supplemented with some type of visual aid (e.g., paper handout of a model or list of hypotheses), but not a full PPT presentation. Your grade for this assignment will be based on your ability to present your research informally (something you will be asked to do on job interviews) and field questions from the class about your topic.

Course Policies

Missed/Late Assignments

Late work will be penalized (10% for every day late), unless permission for an extended deadline is obtained beforehand. Extensions will be granted in rare situations only, due to family or personal emergencies. I ask that you keep me updated sooner rather than later in these situations. Also, if at any point you have concerns about the assignments or expectations, or if you are having trouble with the material or keeping up, please set up a time to meet with me!

Reading and Participation

This is a graduate seminar, whereby critical discussion of readings and theories will form the basis of each class. Therefore, you MUST do the readings each week and be an active participant in class discussions. If you don't participate in discussion, your participation grade will suffer! Plus, class is much more fun when everybody talks and engages with the material.

Learning Accommodations

Students with disabilities will be appropriately accommodated and should inform the instructor as soon as possible of their needs. You may also contact the Office for Disability Services located in 150 Pomerene Hall, 1760 Neil Avenue; telephone 292-3307, TDD 292-0901; http://www.ods.ohio-state.edu/.

Academic Integrity

Students in this course accept responsibility for being held to the highest of academic standards as set forth by The Ohio State University Office of Academic Affairs. As such, academic dishonesty of any kind is unacceptable. Dishonesty includes, but is not limited to, plagiarism, fabricating information or citations, facilitating acts of dishonesty by others, having unauthorized possession of examinations, submitting work

previously used or that of another person, and tampering with the academic work of other students. For more information, see www.osu.edu/offices/oaa/procedures/l.O.html. Instructors shall report all instances of alleged academic misconduct to the committee (Faculty Rule 3335-5-487).

Writing Guidelines

All written assignments (i.e., those related to the term paper) should conform to APA style guidelines. If you have not purchased an APA style book, you need to. I know there are numerous online resources for APA, but it is rare to find all the information you need in one place. I understand that formatting seems like a minor issue; but, when you start submitting journal articles there will always be at least one reviewer who will find mistakes in your APA formatting.

Graduate coursework should generally be at the B+ or better level, especially for doctoral candidates; please see me if it appears your work is dropping below that level. A B- or lower suggests a serious problem.

Tentative Semester Schedule

Project-Related Courses in Red
*Assignment Due Dates

Day	Date	Topic
Tues.	1/12	Course Policies & Schedule
		Interpersonal Communication & Health: An Overview (?)
Thurs.	1/14	Patient/Practitioner Communication: The Early Models (?)
Tues.	1/19	Patient-Centered Models of Healthcare Communication (?)
Thurs.	1/21	Shared Decision Making (?)
Tues	1/26	Patient Activation (?)
Thurs	1/28	Breaking Bad News (?)
Tues	2/2	Cultural Competency in Healthcare (?)
		Translators & Translation
		* Paper prep work due
Thurs	2/4	Instructor Meetings: Round 1 (will spill over to my office hours)
Tues	2/9	Community Health Workers & Patient Navigators (?)
Thurs	2/11	Social Support (?)
Tues	2/16	Health Narratives (?)
Thurs	2/18	Illness Identity (?)
		* Paper outline due in carmen drop box
Tues	2/23	Uncertainty (?)
Thurs	2/25	Writing for Health Communication/Public Health Journals

Tues	3/1	Interpersonal Information Management (?)
Thurs	3/3	Families & Health: Theories & Applications (?)
Tues	3/8	Caregiving & Caregiver Burden (?)
Thurs	3/10	Intimate Relationships & Health (?)
Tues	3/15	**Spring Break – No Class**
Thurs	3/17	**Spring Break – No Class**
Tues	3/22	Health Communication in the Age of Personalized Medicine (?)
Thus	3/24	Conducting Manuscript Reviews & Writing Responses * Paper drafts to reviewers via e-mail
Tues	3/29	In-Class Reviewer Meetings * Reviews due in carmen drop box
Thurs	3/31	End of Life: Death & Dying (?)
Tues	4/5	Instructor Meetings: Round 2
Thurs	4/7	Instructor Meetings: Round 2
Tues	4/12	Interpersonal Health Interventions (?)
Thurs	4/14	Interpersonal Health Interventions
Tues	4/19	Seminar Roundtables * Seminar paper due in carmen drop box
Thus	4/21	Seminar Roundtables

Class Topics & Readings

1. Patient/Practitioner Communication: The Early Models

   (Duggan, 2006; Emanuel & Emanuel, 1992; Roter et al., 1997)

2. Patient-Centered Models of Healthcare Communication

   (Epstein, Fiscella, Lesser, & Stange, 2010; Epstein et al., 2005; Epstein & Street, 2011; Sharf & Street Jr, 1997)

3. Shared Decision Making

   (Barry & Edgman-Levitan, 2012; Charles, Gafni, & Whelan, 1997; Elwyn et al., 2012)

4. Patient Empowerment & Activation

   (Cegala, 2011; Hibbard & Greene, 2013; Tzeng et al., 2015)

5. Breaking Bad News

   (Munoz Sastre, Sorum, & Mullet, 2011; Ptacek, Fries, Eberhardt, & Ptacek, 1999; Sparks, Villagran, Parker-Raley, & Cunningham, 2007)

Additionally – please review the physician training module in Carmen on the SPIKES protocol. You do not need to write questions in regards to these materials.

6. Cultural Competency in Healthcare & Translators & Translation

   (Hsieh, 2008, 2013; Perloff, Bonder, Ray, Ray, & Siminoff, 2006)

Also, please review the "Case of Willie Ramirez" reading on Carmen, but no need to write questions.

7. Community Health Workers/Promotores & Health Navigators

   (Freeman, 2006; Krieger, Takaro, Song, & Weaver, 2005; Paskett, Harrop, & Wells, 2011)

The Freeman and Brownstein et al. articles provide a conceptual overview of community health workers and patient navigation. The Paskett et al. and Krieger et al. are empirical research articles. For this week, you can write one (1) set of questions on community health workers and one (1) set on Navigation that combines the readings.

8. Social Support

   (Berkman, Glass, Brissette, & Seeman, 2000; Braithwaite, Waldron, & Finn, 1999; Dale E. Brashers, Neidig, & Goldsmith, 2004; Uchino, 2009)

9. Health Narratives

   (Bury, 2001; Lindenmeyer, Griffiths, & Hodson, 2010; Sharf, 2009; Wittenberg-Lyles, 2006)

10. Illness Identity

(Jung & Hecht, 2004; Kaiser, 2008; Miller & Caughlin, 2013; Park, Zlateva, & Blank, 2009)

11. Uncertainty & Illness

(Babrow, Kasch, & Ford, 1998; Dale E Brashers, 2001; Bylund, Peterson, & Cameron, 2012)

12. Interpersonal Information Management

(Afifi et al., 2006; Dillow & Labelle, 2014; Tardy & Hale, 1998)

13. Families & Health

(Baiocchi-Wagner & Talley, 2013; Rosland, Heisler, & Piette, 2012; Scott & Quick, 2012; Zhang & Siminoff, 2003)

14. Caregiving & Caregiver Burden

(Angelo & Egan, 2015; Bevan & Sparks, 2011; Northouse, Katapodi, Schafenacker, & Weiss, 2012) (Stamataki et al., 2014)

15. Intimate Relationships & Health

(Lewis et al., 2006; Venetis, Magsamen-Conrad, Checton, & Greene, 2014; Weber & Solomon, 2008) (Caughlin et al., 2009; Donovan-Kicken & Caughlin, 2010)

16. Health Communication in the Age of Personalized Medicine

(Forrest et al., 2003; Hallowell et al., 2005; Peterson, 2005; Petronio, 2013)

There is also a series of short NPR reports on Genetics in the Carmen Folder. Please listen to this, but don't write questions.

17. End of Life: Death & Dying

(Cherlin et al., 2005; Larson & Tobin, 2000; Singer, Martin, & Kelner, 1999)

For this week, I would also like you to view an NPR story on end of life, as well as The Conversation Project Website. We will discuss these in class along with the readings, but no need to write questions for them.

18. Interpersonal Health Interventions

(Ashida, Wilkinson, & Koehly, 2012; Koehly et al., 2009; Pasick et al., 2009; Southwell & Yzer, 2007; Webel, Okonsky, Trompeta, & Holzemer, 2010)

References

Afifi, W. A., Morgan, S. E., Stephenson, M. T., Morse, C., Harrison, T., Reichert, T., & Long, S. D. (2006). Examining the decision to talk with family about organ donation: Applying the theory of motivated information management. *Communication Monographs, 73*(2), 188-215.

Angelo, J., & Egan, R. (2015). Family caregivers voice their needs: A photovoice study. *Palliative & Supportive Care, 13*(03), 701-712.

Ashida, S., Wilkinson, A. V., & Koehly, L. M. (2012). Social influence and motivation to change health behaviors among Mexican-origin adults: implications for diet and physical activity. *American Journal of Health Promotion, 26*(3), 176-179.

Babrow, A. S., Kasch, C. R., & Ford, L. A. (1998). The many meanings of uncertainty in ilness: Toward a systematic accounting. *Health Communication, 10*(1), 1-23.

Baiocchi-Wagner, E. A., & Talley, A. E. (2013). The role of family communication in individual health attitudes and behaviors concerning diet and physical activity. *Health Communication, 28*(2), 193-205.

Barry, M. J., & Edgman-Levitan, S. (2012). Shared decision making — the pinnacle of patient-centered care. *New England Journal of Medicine, 366*(9), 780-781.

Berkman, L. F., Glass, T., Brissette, I., & Seeman, T. E. (2000). From social integration to health: Durkheim in the new millennium☆. *Social Science & Medicine, 51*(6), 843-857.

Bevan, J. L., & Sparks, L. (2011). Communication in the context of long-distance family caregiving: An integrated review and practical applications. *Patient Education and Counseling, 85*(1), 26-30.

Braithwaite, D. O., Waldron, V. R., & Finn, J. (1999). Communication of social support in computer-mediated groups for people with disabilities. *Health Communication, 11*(2), 123-151.

Brashers, D. E. (2001). Communication and uncertainty management. *Journal of Communication, 51*, 477-497.

Brashers, D. E., Neidig, J. L., & Goldsmith, D. J. (2004). Social support and the management of uncertainty for people living with HIV or AIDS. *Health Communication, 16*(3), 305-331.

Bury, M. (2001). Illness narratives: fact or fiction? *Sociology of Health & Illness, 23*(3), 263-285.

Bylund, C. L., Peterson, E. B., & Cameron, K. A. (2012). A practitioner's guide to interpersonal communication theory: An overview and exploration of selected theories. *Patient Education and Counseling, 87*(3), 261-267.

Caughlin, J. P., Bute, J. J., Donovan-Kicken, E., Kosenko, K. A., Ramey, M. E., & Brashers, D. E. (2009). Do message features influence reactions to HIV disclosures? a multiple-goals perspective. *Health Commun, 24*(3), 270-283.

Cegala, D. J. (2011). An exploration of factors promoting patient participation in primary care medical interviews. *Health Commun, 26*(5), 427-436.

Charles, C., Gafni, A., & Whelan, T. (1997). Shared decision-making in the medical encounter: What does it mean? (or it takes at least two to tango). *Social Science & Medicine, 44*(5), 681-692.

Cherlin, E., Fried, T., Prigerson, H. G., Schulman-Green, D., Johnson-Hurzeler, R., & Bradley, E. H. (2005). Communication between physicians and family caregivers about care at the end of life: When do discussions occur and what is said? *Journal of palliative medicine, 8*(6), 1176-1185.

Dillow, M. R., & Labelle, S. (2014). Discussions of sexual health testing: Applying the theory of motivated information management. *Personal Relationships, 21*(4), 676-691.

Donovan-Kicken, E., & Caughlin, J. P. (2010). A multiple goals perspective on topic avoidance and relationship satisfaction in the context of breast cancer. *Communication Monographs, 77*(2), 231-256.

Duggan, A. (2006). Understanding interpersonal communication processes across health contexts: Advances in the last decade and challenges for the next decade. *Journal of Health Communication, 11*(1), 93-108.

Elwyn, G., Frosch, D., Thomson, R., Joseph-Williams, N., Lloyd, A., Kinnersley, P., . . . Barry, M. (2012). Shared decision making: A model for clinical practice. *Journal of General Internal Medicine, 27*(10), 1361-1367.

Emanuel, E. J., & Emanuel, L. L. (1992). Four models of the physician-patient relationship. *JAMA, 267*(16), 2221-2226.

Epstein, R. M., Fiscella, K., Lesser, C. S., & Stange, K. C. (2010). Why the nation needs a policy push on patient-centered health care. *Health Affairs, 29*(8), 1489-1495.

Epstein, R. M., Franks, P., Fiscella, K., Shields, C. G., Meldrum, S. C., Kravitz, R. L., & Duberstein, P. R. (2005). Measuring patient-centered communication in Patient–Physician consultations: Theoretical and practical issues. *Social Science & Medicine, 61*(7), 1516-1528.

Epstein, R. M., & Street, R. L. (2011). The values and value of patient-centered care. *The Annals of Family Medicine, 9*(2), 100-103.

Forrest, K., Simpson, S. A., Wilson, B. J., van Teijlingen, E. R., McKee, L., Haites, N., & Matthews, E. (2003). To tell or not to tell: Barriers and facilitators in family communication about genetic risk. *Clinical Genetics, 64*(4), 317-326.

Freeman, H. (2006). Patient navigation: A community based strategy to reduce cancer disparities. *Journal of Urban Health, 83*(2), 139-141.

Hallowell, N., Ardern-Jones, A., Eeles, R., Foster, C., Lucassen, A., Moynihan, C., & Watson, M. (2005). Communication about genetic testing in families of male BRCA1/2 carriers and non-carriers: Patterns, priorities and problems. *Clinical Genetics, 67*(6), 492-502.

Hibbard, J. H., & Greene, J. (2013). What the evidence shows about patient activation: Better health outcomes and care experiences; fewer data on costs. *Health Affairs, 32*(2), 207-214.

Hsieh, E. (2008). "I am not a robot!" Interpreters' views of their roles in health care settings. *Qualitative Health Research, 18*(10), 1367-1383.

Hsieh, E. (2013). Health literacy and patient empowerment: The role of medical interpreters in bilingual health communication. In M. Dutta & G. Kreps (Eds.), *Reducing health disparities: Communication intervention* (pp. 35-58). New York: Peter Lang.

Jung, E., & Hecht, M. L. (2004). Elaborating the communication theory of identity: Identity gaps and communication outcomes. *Communication Quarterly, 52*(3), 265-283.

Kaiser, K. (2008). The meaning of the survivor identity for women with breast cancer. *Social Science & Medicine, 67*(1), 79-87.

Koehly, L. M., Peters, J. A., Kenen, R., Hoskins, L. M., Ersig, A. L., Kuhn, N. R., . . . Greene, M. H. (2009). Characteristics of health information gatherers, disseminators, and blockers within families at risk of hereditary cancer: implications for family health communication interventions. *American Journal of Public Health, 99*(12), 2203-2209.

Krieger, J. W., Takaro, T. K., Song, L., & Weaver, M. (2005). The seattle-king county healthy homes project: A randomized, controlled trial of a community health worker intervention to decrease exposure to indoor asthma triggers. *American Journal of Public Health, 95*(4), 652-659.

Larson, D. G., & Tobin, D. R. (2000). End-of-life conversations: Evolving practice and theory. *JAMA, 284*(12), 1573-1578.

Lewis, M. A., McBride, C. M., Pollak, K. I., Puleo, E., Butterfield, R. M., & Emmons, K. M. (2006). Understanding health behavior change among couples: an interdependence and communal coping approach. *Soc Sci Med, 62*(6), 1369-1380.

Lindenmeyer, A., Griffiths, F., & Hodson, J. (2010). 'The family is part of the treatment really': A qualitative exploration of collective health narratives in families. *Health:*.

Miller, L. E., & Caughlin, J. P. (2013). "We're going to be survivors": Couples' identity challenges during and after cancer treatment. *Communication Monographs, 80*(1), 63-82.

Munoz Sastre, M. T., Sorum, P. C., & Mullet, E. (2011). Breaking bad news: The patient's viewpoint. *Health Communication, 26*(7), 649-655.

Northouse, L. L., Katapodi, M. C., Schafenacker, A. M., & Weiss, D. (2012). The impact of caregiving on the psychological well-being of family caregivers and cancer patients. *Seminars in Oncology Nursing, 28*(4), 236-245.

Park, C., Zlateva, I., & Blank, T. (2009). Self-identity After Cancer: "Survivor", "Victim", "Patient", and "Person with Cancer". *Journal of General Internal Medicine, 24*(2), 430-435.

Pasick, R. J., Burke, N. J., Barker, J. C., Joseph, G., Bird, J. A., Otero-Sabogal, R., . . . Guerra, C. (2009). Behavioral theory in a diverse society: like a compass on Mars. *Health Educ Behav, 36*(5 Suppl), 11s-35s.

Paskett, E. D., Harrop, J. P., & Wells, K. J. (2011). Patient navigation: An update on the state of the science. *CA: A Cancer Journal for Clinicians, 61*(4), 237-249.

Perloff, R. M., Bonder, B., Ray, G. B., Ray, E. B., & Siminoff, L. A. (2006). Doctor-patient communication, cultural competence, and minority health: Theoretical and empirical perspectives. *American Behavioral Scientist, 49*(6), 835-852.

Peterson, S. K. (2005). The role of the family in genetic testing: Theoretical perspectives, current knowledge, and future directions. *Health Education & Behavior, 32*(5), 627-639.

Petronio, S. (2013). Brief status report on communication privacy management theory. *Journal of Family Communication, 13*(1), 6-14.

Ptacek, J. T., Fries, E. A., Eberhardt, T. L., & Ptacek, J. J. (1999). Breaking bad news to patients: physicians' perceptions of the process. *Supportive Care in Cancer, 7*(3), 113-120.

Rosland, A.-M., Heisler, M., & Piette, J. (2012). The impact of family behaviors and communication patterns on chronic illness outcomes: a systematic review. *Journal of Behavioral Medicine, 35*(2), 221-239.

Roter, D. L., Stewart, M., Putnam, S. M., Lipkin, M., Jr, Stiles, W., & Inui, T. S. (1997). Communication patterns of primary care physicians. *JAMA, 277*(4), 350-356.

Scott, A. M., & Quick, B. L. (2012). Family communication patterns moderate the relationship between psychological reactance and willingness to talk about organ donation. *Health Communication, 27*(7), 702-711.

Sharf, B. F. (2009). Observations from the outside in: Narratives of illness, healing, and mortality in everyday life. *Journal of Applied Communication Research, 37*(2), 132-139.

Sharf, B. F., & Street Jr, R. L. (1997). The patient as a central construct: Shifting the emphasis. *Health Communication, 9*(1), 1-11.

Singer, P. A., Martin, D. K., & Kelner, M. (1999). Quality end-of-life care: patients' perspectives. *JAMA, 281*(2), 163-168.

Southwell, B. G., & Yzer, M. C. (2007). The roles of interpersonal communication in mass media campaigns. *Communication Yearbook, 31*, 419-451.

Sparks, L., Villagran, M. M., Parker-Raley, J., & Cunningham, C. B. (2007). A Patient-centered Approach to Breaking Bad News: Communication Guidelines for Health Care Providers. *Journal of Applied Communication Research, 35*(2), 177-196.

Stamataki, Z., Ellis, J. E., Costello, J., Fielding, J., Burns, M., & Molassiotis, A. (2014). Chronicles of informal caregiving in cancer: using 'The Cancer Family Caregiving Experience' model as an explanatory framework. *Support Care Cancer, 22*(2), 435-444.

Tardy, R. W., & Hale, C. L. (1998). Bonding and cracking: the role of informal, interpersonal networks in health care decision making. *Health Communication, 10*(2), 151-173.

Tzeng, A., Tzeng, T. H., Vasdev, S., Grindy, A., Saleh, J. K., & Saleh, K. J. (2015). The role of patient activation in achieving better outcomes and cost-effectiveness in patient care. *JBJS Reviews, 3*(1).

Uchino, B. N. (2009). Understanding the links between social support and physical health: A life-span perspective with emphasis on the separability of perceived and received support. *Perspectives on Psychological Science, 4*(3), 236-255.

Venetis, M. K., Magsamen-Conrad, K., Checton, M. G., & Greene, K. (2014). Cancer communication and partner burden: An exploratory study. *Journal of Communication, 64*(1), 82-102.

Webel, A. R., Okonsky, J., Trompeta, J., & Holzemer, W. L. (2010). A systematic review of the effectiveness of peer-based interventions on health-related behaviors in adults. *American Journal of Public Health, 100*(2), 247-253.

Weber, K. M., & Solomon, D. H. (2008). Locating relationship and communication issues among stressors associated with breast cancer. *Health Communication, 23*(6), 548-559.

Wittenberg-Lyles, E. M. (2006). Narratives of hospice volunteers: Perspectives on death and dying. *Qualitative Research Reports in Communication, 7*(1), 51-56.

Zhang, A. Y., & Siminoff, L. A. (2003). Silence and cancer: Why do families and patients fail to communicate? *Health Communication, 15*(4), 415-429.