

## Chapter 2

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# The Changing Sociocultural Context

Chapter 2 emphasizes the importance of the sociocultural context for effectively communicating health information. An understanding of the social and cultural framework of U.S. society is essential given the implications of cultural conceptions and perceptions for health communication. Current societal trends that are expected to impact the health communication process and the implications of sociocultural factors for health communication are discussed in this chapter.

### THE SOCIOCULTURAL CONTEXT

Several developments in U.S. society and in healthcare over the last quarter century have laid the foundation for an expanded role for health communication, and current trends in healthcare are magnifying the importance of this role. Changes in demographic characteristics, lifestyles and other population attributes are all contributing to the growing significance of health communication.

In order to effectively transmit health information, health professionals must understand the healthcare system, and the healthcare system of any society can only be understood within the sociocultural context of that society. No two healthcare delivery systems are exactly alike, with the differences primarily a function of the contexts within which they exist. The social structure of a society, along with its cultural values, establishes the parameters for the healthcare system. In this sense, the form and function of a healthcare system reflect the form and function of the society in

which it resides. Ultimately, the attributes of communication in healthcare reflect the characteristics of both that institution and the society in which it exists.

Like other institutions, healthcare establishes rules that guide the behavior of individuals within the institutional context. For example, there are guidelines for living a long, healthy life. If citizens don't follow these rules, they risk sickness and death. These guidelines are often codified in the form of "doctor's orders." Since individuals in a free society cannot be forced to live a healthy lifestyle, the healthcare institution invokes various legal and regulatory contrivances to enforce its requirements. Thus, all individuals are required to obtain certain childhood immunizations, addicts may be forced to enter rehabilitation, and patients with contagious diseases are isolated from the rest of society.

On another level, there are "rules" stating that health plan enrollees must have insurance before being treated by certain healthcare providers, that patients must receive annual checkups in order to maintain their low insurance premiums, and that individuals involved in risky activities must pay higher premiums for insurance. While there is no formal "plan" for encouraging or discouraging the behaviors that support the healthcare system, various parties, appearing to act in their own self-interest, contribute to the goals of the healthcare institution through the promulgation of such rules.

While social institutions achieve a certain permanence in a society, they must also maintain the flexibility to adjust to changing conditions. Healthcare is an excellent example of this situation. As will be seen later, no other institution has experienced the dramatic changes that healthcare experienced during the twentieth century. At the start of that century, healthcare was a very rudimentary institution with limited visibility and little credibility in society. Hospitals were considered to be places where people went to die, and doctors were to be avoided at all costs. Indeed, there was little the doctor could do for the patient anyway, and few patients were willing to take a doctor "at his word". There was no agreement on the nature of health and illness, and scientists were only beginning to understand the nature of disease. Healthcare was not even on the national radar screen for the first half of the twentieth century and accounted for a negligible amount of the gross national product.

Contrast that to the healthcare institution at the end of the twentieth century. Not only has the institution become well established in the United States, but it has come to play a dominant role in American society. The importance of the institution had become such that sociologists often referred to the "medicalization" of American society. Indeed, there are few members of contemporary U.S. society that are not under some type of medical management. In the last half of the twentieth century, the healthcare

institution came to be accorded high prestige and to exert a major influence over other institutions. At the beginning of the twenty-first century health care can claim 15 percent of the gross national product and 10 percent of the nation's workforce.

The ascendancy of the healthcare institution in the twentieth century was given impetus by a growing dependence by Americans on formal organizations of all types. The industrialization and urbanization occurring in the United States reflected a transformation from a traditional, agrarian society to a complex, modern society in which change, not tradition, was the central theme. In such a society, formal solutions to societal needs take precedence over informal responses.

The size of the healthcare institution has attracted substantial resources from other industrial sectors, and healthcare is an unavoidable issue in political contests. Indeed, the pharmaceutical industry, insurance industry, the American Medical Association, and the American Hospital Association are among the major political lobbying groups. Further, much of our educational system is devoted to the training of health personnel. The fact that the federal government has become responsible for the majority of personal healthcare expenditures illustrates the influence of healthcare on the central government.

Perhaps more telling has been the extent to which the healthcare institution has been successful in the medicalization of everyday life. During the "golden age" of medicine in the 1960s and 1970s, the success of medicine resulted in an expansion of the scope of the field and led it to encompass various conditions that heretofore had not been considered medical matters. Thus, "conditions" like drug and alcohol abuse, homosexuality, hyperactivity in children, and obesity came to be defined as medical problems. This served to increase the breadth of influence of the healthcare institution, increase the prestige accorded to its representatives, and garner grant funds and other sources of wealth for the institution's representatives. (Expansion of this magnitude, one would imagine, would require an exponential increase in the amount of communication related to health issues. On the contrary, the success of organized medicine in gaining dominance over the field led in some ways to a reduction in the amount of open communication.)

Just as Americans had turned to formal educational, political and economic systems for meeting their social needs, they began to turn to a formal healthcare system to meet their health needs. The transformation of American society in the twentieth century clearly affected the provision of healthcare, as the traditional managers of sickness and death—the family and the church—gave way to more formal responses to health problems. The health of the population became in part the responsibility of the economic, educational, and political systems and, eventually, of a fully

developed and powerful healthcare system. Traditional, informal responses to health problems gave way to complex, institutional responses. "High touch" home remedies could not compete in an environment that valued high-tech (and subsequently high status) responses to health problems.

Americans increasingly turned to the healthcare institution in the late twentieth century as the solution for a wide range of social, psychological and even spiritual issues, and physicians came to be regarded as experts in regard to virtually any human problem. This expansion of scope is evidenced by the fact that less than half of the people in a general practitioner's waiting room suffer from a clear-cut medical problem. They are there because of emotional disorders, sexual dysfunction, social adjustment issues, nutritional problems, or some other non-clinical threat to their well-being. Despite the fact that physicians are generally not trained to deal with these conditions, the healthcare system is seen as an appropriate place to seek solutions to these and many other non-medical maladies.

A fourth measure of the importance of an institution in an age of media overkill is the amount of "air time" allocated to various aspects of the society. Certainly, Americans continue to be deluged by advertisements for all manner of consumer goods, and many of these goods take the form of healthcare products. The most obvious change over the past decade or two is the explosion of advertisements and paid programming related to health, beauty and fitness. A tally of television advertisements would indicate the extent to which health products and services have come to dominate advertising venues. Paid programming featuring fitness training and cable television channels devoted solely to health issues indicate the extent to which the healthcare institution has gained ascendancy. Thus, healthcare marketing in the mass media has grown from a cottage industry in the postwar years to a major player in electronic media.

The increase in the visibility of health communication has been accompanied by an explosion of health information on the Internet. There are purportedly more sites devoted to healthcare than there are to any other topic. Increasing numbers of healthcare consumers are turning to the World Wide Web for their healthcare information, and the health content of the Internet is playing a growing role in consumer decision-making. The consumer interest in cyber-information has been accompanied by an explosion in Internet-based marketing on the part of healthcare organizations. Once considered primarily a vehicle for providing information on the part of hospitals, health plans, pharmaceutical companies, and consumer products companies, the Internet has now become a major medium for health communication of all types.

All things considered, healthcare was the up-and-coming institution of the second half of the twentieth century. The growing significance of

health for our personal lives and healthcare's growing role in the public arena cannot be denied. Indeed, many corporations have indicated that health benefits are one of their single largest costs. The increasing involvement of U.S. citizens in the use of health services and our annual per capita expenditures on healthcare set the U.S. apart from other countries and substantially contribute to the need for effective health communication.

## THE CULTURAL "REVOLUTION" AND HEALTHCARE

The restructuring of U.S. institutions during the 20<sup>th</sup> century was accompanied by a cultural "revolution" resulting in extensive value reorientation within American society. The values associated with traditional societies that emphasized kinship, community, authority, and primary relationships became overshadowed by the values of modern industrialized societies, such as secularism, urbanism, and self-actualization. Ultimately, the restructuring of American values was instrumental in the emergence of healthcare as an important institution. These value shifts had significant implications for methods of communication as well.

The "modern" values that emerged within the U.S. after World War II supported the development of a healthcare system that would spawn modern "Western" medicine. These values shifted the emphasis in American society to economic success, educational achievement, and scientific and technological advancement. These values also supported the ascendancy of healthcare as a dominant institution during the last half of that century.

Other values became important as American culture evolved in the twentieth century. For example, change became recognized as a value in its own right. Americans came to value change and frequently sought changes in residences, jobs, partners and lifestyles. At the same time an activist orientation emerged that called for individuals to take a proactive approach to all issues, including healthcare. The aggressive approach taken by Americans in the face of health problems reflects this activist orientation.

The conceptualization of "health" as a distinct value in U.S. society represented a major development in the emergence of the healthcare institution. Prior to World War II health was generally not recognized as a value by Americans but was vaguely tied in with other notions of well-being. Public opinion polls prior to the war did not identify personal health as an issue for the U.S. populace, nor was healthcare delivery considered a societal concern. By the 1960s, however, personal health had climbed to the top of the public opinion polls as a concern, and the adequate provision of health services became an important issue in the mind of the American public. By the last third of the twentieth century, Americans had become

obsessed with health as a value and with the importance of institutional solutions to health problems.

Once health became established as a value, it was a short step to establishing a formal healthcare system as the institutional means for achieving that value. An environment was created that encouraged the emergence of a powerful institution that supported many other contemporary American values. Some of them, like the value placed on human life, were considered immutable. The ethos promoted by the emerging scientific, technological and research communities contributed to the growth of the industry. The value that Americans came to place on youth, beauty and self-actualization further contributed to an expansion of the role of healthcare. The ability of the nascent healthcare system to capitalize on emerging U.S. values and garner support from the economic, political, and educational institutions assured the ascendancy of this new institutional form.

One of the major implications of shifting American values has been changing consumer attitudes. Although patterns of consumer attitudes in U.S. society tend to be complex, it is clear that a new orientation toward healthcare emerged during the second half of the twentieth century. The "patient" became transformed into a "consumer", creating a new entity with the combined expectations of a traditional patient and a contemporary customer. This consumer was much more knowledgeable about the healthcare system, much more open to innovative approaches, and much more intent on playing an active role in the diagnostic, therapeutic and health maintenance processes than any previous generation.

These new attitudes were most clearly associated with the under-50 population and certain demographically distinct groups. The movement toward gaining control of one's health was spearheaded by the baby boom cohort that is now beginning to face the chronic conditions associated with "middle age". This is the population that has been responsible for the success of health maintenance organizations, urgent care centers and birthing centers. This is the group that has been influential in limiting the discretion and control of physicians and hospitals. This cohort has also provided the impetus for the rise of "alternative therapy" as a competitor for mainstream allopathic medicine.

The approach to healthcare favored by the baby boom population is more patient centered than the traditional approach and is more likely to emphasize non-medical aspects of healthcare. In general, baby boomers are less trusting of professionals and institutions and are control oriented to the point of stubbornness. This group is more self-reliant when it comes to healthcare than previous generations and places greater value on self care and home care. It is both outcomes oriented and cost sensitive. It is a generation that prides itself in getting results and extracting value for its expenditures. While this cohort began influencing the healthcare system

by “voting with its feet” during the 1980s, its members are increasingly in the positions of power that allow them to influence the reshaping of the healthcare landscape.

Perhaps more than any other trait, this population cohort is information hungry. They grew up in the “information age” and many of them entered occupations that involved knowledge management. This cohort prides itself on its communication skills and believes that knowledge is power. It is this hunger for information that makes baby boomers “good” patients in some respects and “bad” patients in others. No other cohort has been as aggressive in seeking out information as the boomers.

To a certain extent, these new attitudes toward healthcare reflect the rise of consumerism affecting all segments of society. Increasingly seeing themselves as customers rather than patients, Americans expect to receive adequate information, demand to participate in healthcare decisions that directly affect them, and insist that the healthcare they receive to be of the highest possible quality. Consumers want to receive their healthcare close to their homes, with minimal interruption to their family life and work schedules. They also want to maximize the value that they receive for their healthcare expenditures. The transformation of baby boomers from “patients” to “consumers” clearly has significant implications for health communication.

## **DEMOGRAPHIC TRENDS AND THEIR IMPLICATIONS FOR HEALTH COMMUNICATION**

The U.S. population experienced a number of dramatic demographic trends during the last half of the twentieth century. These demographic trends are important in that they have contributed to the changing composition of the U.S. population; this, in turn, has influenced the morbidity profile of that population. Indeed, the demographic transformation of the American population in the twentieth century might be considered a major, if not the major, determinant of the needs to be addressed by the healthcare system. The impact of these trends extended beyond changes in age structure and racial composition and resulted in radically changed attitudes on the part of healthcare consumers.

These demographic trends also triggered the “epidemiologic transition” that took place in the U.S. in the second half of the twentieth century. Throughout recorded history, acute health conditions had constituted the major health threat and the leading causes of death for any population. Communicable, infectious and parasitic conditions, accidents, complications of childbirth and other acute conditions were a constant companion to human beings. At the beginning of the last century, the leading causes of

death were tuberculosis, influenza, and other communicable diseases. As the mortality rate for the American population declined during the twentieth century and life expectancy increased, a significant change occurred in the morbidity and mortality profile of the population (Omran, 1971).

During the second half of the twentieth century, the changing demographic profile engendered a shift away from acute conditions and toward chronic conditions as the predominant form of health problem. Improved living conditions, better nutrition and higher standards of living, accompanied by advances in medical science, reduced or eliminated the burden of disease from acute conditions. This void was filled, however, by the emergence of chronic conditions as the leading health problems and leading causes of death. The older population that resulted from these developments was now plagued by hypertension, arthritis, and diabetes, as well as numerous conditions that reflected the lifestyles characterizing the American population in the second half of that century.

This section cannot begin to address all of the demographic trends that have contributed to the changing healthcare environment. It focuses on the key demographic trends and notes their likely implications for health communication.

### *Changing Age Structure*

The first, and perhaps most important, demographic trend in the U.S. is the population's changing age structure. The aging of America has obviously been one of the most publicized demographic trends in history. The implications of this trend for health services demand have been well documented, with age arguably the single most important predictor of the use of health services.

The restructuring of the age distribution of the population has particular significance for the demand for health services. Population growth within the older age cohorts (age 55 and above), and particularly among the oldest-old (age 85 and over), is currently faster than that for the younger cohorts. The total U.S. population increased by 13.2 percent between 1990 and 2000, while the population 85 and over increased by over 36 percent. The movement of the baby boomers into the "middle ages" will make the largest age cohort the 45–65 age group in the first decade of the twenty-first century. Some younger cohorts (i.e., those 25–34) actually experienced a net loss of population during the 1990s. A continued "shortage" of younger working age individuals (i.e., those 25–40) will persist throughout the first decade of the 21<sup>st</sup> century, until the baby boom echo cohort enters this age group around 2010 (U.S. Census Bureau, 2003).

The factor above with the most significant implications for future healthcare demand is the movement of the huge baby boom cohort into the

middle age. The first of some 77 million baby boomers are now turning 60. This is a cohort that grew up in affluence and comfort and they are used to having things, including their health, in working order. When they have to contend with the onset of chronic disease and the natural deterioration that comes with aging, the healthcare system will be significantly impacted. This is a cohort that grew up during the “marketing era” and is more comfortable with healthcare marketing than any previous generation. As will be seen later, this is also a very “savvy” consumer population that requires special consideration when it comes to health communication.

The nature of the future senior population will be determined to a great extent by the characteristics of the baby boomers. Boomers are determined to reinvent retirement, a process that appears to already be underway. Retirement is no longer seen as a type of “default” condition, but as a context for new and different lifestyles. Boomers, in fact, have already influenced the healthcare delivery system in significant ways, and now they are driving the demand for a wide range of new services such as laser eye surgery, skin rejuvenation, and menopause management.

An automatic accompaniment to the aging of America has been the feminization of its population. The changing age distribution has important implications for the population’s male/female ratio. Generally speaking, the older the population, the greater the “excess” of females. Except for the very youngest ages, females outnumber males in every age cohort. Among seniors, females outnumber males two to one, and, at the oldest ages, there may be four times as many women as men. This results in an older age structure for women, and in 2000 the median age for women was 38.0 years compared to 36.5 years for men. Further, 23.2 percent of the female population was 55 or over, compared to 18.9 percent of the male population. In 2000, the excess of females over males in the population amounted to over five million in the United States.

These statistics on the female population have important implications for health communication. The female healthcare “market” is considerably larger than the male market. Further, women are more aggressive users of health services than are men. Perhaps even more important, women bear much of the burden for healthcare decision making, not only for themselves but for their families. They are also more likely to influence the health behavior of their peers. Thus, a growing body of health communication “lore” highlights women as both healthcare consumers and healthcare decision makers.

### *Growing Racial and Ethnic Diversity*

Another demographic trend that characterized American society during the last half of the twentieth century was increasing racial and ethnic

diversity. America has once again become a nation of immigrants, with the numbers of newcomers from foreign lands during the 1990s equaling historic highs. In addition, long-established ethnic and racial minorities are growing at faster rates than are native-born whites. The cumulative effect of the trends of the past several years has been a diminishing of the relative size of the white population (especially the non-Hispanic white population) and the growing significance of the black, Asian and Hispanic components of the U.S. population. The 2000 census revealed an America that was becoming less "white", with increases noted in the African-American, Asian-American/Pacific Islander, and American Indian/Alaskan Native populations as a percent of the total. More importantly, the census documented the rapid growth of the Hispanic population and by 2001 Hispanics had surpassed African Americans as a percentage of the U.S. population. Since most of the population growth during the next two decades will be a function of immigration, the proportion of non-Hispanic whites within the population will continue to decline.

Given the fact that the U.S. healthcare system has historically been geared to the needs of the mainstream white population, the trend toward greater racial and ethnic diversity can not help but have major implications for the nature of the system. Any health communication effort must take into consideration the changing racial and ethnic characteristics of the population and the demands that these changes will make on the system. This issue is made all the more important by the documented level of disparities among racial and ethnic groups in the U.S. Many factors contribute to the high rate of disparities among these groups in terms of health status, health behavior, and type of treatment by health professionals. Communication (or the lack thereof) plays no small part in the perpetuation of these inequities.

### *Changing Household and Family Structure*

Another demographic development characterizing U.S. society is its changing household and family structure. For decades, the American family has been undergoing change. First it was high divorce rates, then it was less people marrying (and those who did marry marrying at a later age); then it was less people having children (and those that did having children had fewer of them and at a later age).

In 2000, the census reported that 54.4 percent of the U.S. population over 15 was married, a very low figure by historical standards. Some 27.1 percent had never married, 11.9 percent were separated or divorced, and 6.6 percent were widowed. These figures for the non-married categories all represent record highs. Given that health status and health behavior differs considerably among the various marital statuses, the current

and future array of statuses should be a concern for the health communicator (U.S. Census Bureau, 2003).

These changes in marital status have had major implications for the U.S. household structure. It has meant that what is popularly considered the “typical” American family (with two parents and x number of children) has become a rarity, accounting for only 24 percent of the households in 2000. Today, married couple (without children) households have become the most common household form, but this type of household accounts for less than 28 percent of the total. “Non-traditional” households are becoming the norm, and an unprecedented proportion of households are one-person households.

As with marital status, the changing household structure has important implications for both health status and health behavior. The demands placed on the healthcare system by two-parent families, single-parent families, and elderly people living alone are significantly different from each other and require different responses on the part of the healthcare system (and, by extension, in the approach to health communication). To a great extent, health services have been historically geared to the needs of “traditional” households involving two parents and one or more children. This has been encouraged by the availability of employer-sponsored insurance that focused on the wage-earning head of household. The continued diversification of U.S. household types for the foreseeable future is likely to require commensurate modifications in the healthcare delivery system.

The role of the family in health communication has long been recognized. Most Americans indicate that they obtain the majority of their information related to healthcare from informal networks of family and friends. As these channels for health communication have become less available due to the changing family structure, new sources for communicating health information must be established.

The direction that health communication takes in the future will be to a great extent a reflection of the trends that characterize American society and healthcare. The social practices, values, attitudes and lifestyles characterizing members of society will dictate the channels, messages and strategies that are utilized by health communicators.

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