Statement of Research Agenda, by Anyun Chatterjee

My research is concerned with how health institutions (governmental health departments, hospitals, nonprofits, etc.) and their representatives communicate with the groups they serve, particularly when trying to "solve" a health problem, e.g. high rates of a particular disease in the population of interest. This agenda developed about a decade ago when I began working as a public health practitioner for a municipal health department, and began asking questions like "why don't our community members listen to us?" As I have continued to work as a public health practitioner and research specialist, my questions transitioned to "why *should* our community members listen to us?" and became more and more reflexive, until now when my core questions are "what gives these institutions the prerogative or the right to determine what constitutes 'healthy?'" and "how should institutions do health communication such that they respect the autonomy and humanity of the people they are attempting to engage?" I use two approaches to answer my questions: (1) communication and social science research to understand what effective health communication entails, including boundary conditions on when certain rhetorical moves are effective versus not, and (2) the ethical considerations and implications of applying implementation science and communication science to building more "persuasive" campaigns.

<u>Communication Science, and "Improving" Health Communication</u>

The social and cognitive basis of health belief/behavior development and change is an incredibly active area of research, and this direction was the research area which first drew me into Media and Communication Studies as I aimed to understand the foundations of persuasive media at a deeper level. Through my research, I have explored foundational topics like framing, dual processing models, and motivated reasoning, and these topics remain at the core of my scholarship and pedagogy. However, my engagement with these areas has also convinced me that an effective way to understand audience reception and how rhetoric develops requires qualitative and mixed methods to thickly describe who created the communication campaign, what motivated them, and how the audience is making sense of it.

I conduct interviews with folks who develop public service announcements, and use archival methods to organize artifacts developed by health institutions, which affords me the ability to analyze the messaging structures of and motivations behind an entire corpus of health

communication efforts, like PSAs on cannabis from health departments. I use focus groups to understand how the target audiences of these PSAs receive them and make sense of them, and employ grounded theory methods to further develop boundary conditions on where harm reduction rhetorics and abstinence rhetorics find success. The natural consequence of this work, to me, is action research where I engage communities in developing health communication materials that resonate deeply with them. The goal of improving health communication efforts must first start from a place of letting a target population define for themselves what constitutes "better" or "improved" health communication.

Normative Theories of Health Communication

As alluded to above, despite a scholarly and pedagogical fascination with the social and cognitive foundations of health beliefs and health behaviors, one of my core fixations is in interrogating the ethics at play in the health communication process. Who gets to determine what health issues have communication campaigns developed? Who participated in the campaign development? How do we reconcile the inherent paternalism of the health communication process, and what does it mean to apply communication research to optimize campaigns to increase (or manipulate?) individuals' self efficacy, or what they find salient, or how they perceive risk?

These questions stem from a side of my research that was originally a secondary direction - the social psychological process of dehumanization and its opposite. My final paper in undergrad was concerned with the use of hip hop as a human rights practice, and my masters thesis on the experience of prisoners in Texas as climate change increases extreme heat conditions also drew its theoretical foundation from the social psychology of dehumanization. Most recently, I published a paper on antidehumanization practices in pedagogy (found in *Teaching Journalism and Mass Communication)*. My commitment to health communication research has always fundamentally derived from the proposition that *empathy is the most intellectually rigorous position*, and translating the language of human rights into my research has informed an agenda shift from illuminating processes of communication and attitudinal change into developing a clearer set of ethical principles around what we should and should not do in the process of health communication.