**Health Communication Interest Group**

**Business Meeting**

**Central States Communication Association**

**Milwaukee, WI**

**April 7, 2018**

**9:30 am to 10:45 am**

**Chair:** Sarah LeBlanc

**Vice Chair:** Kallia Wright

**Secretary:** Shawn Starcher

1. Call to order
2. Old Business
	1. Approval of 2017 Business Meeting Minutes
		1. Working on getting the minutes from last year’s secretary
	2. Report of 2018 Paper and Panel Submissions
		1. Allotted 9 slots
		2. Fifteen competitive papers were submitted; 10 were accepted (those not accepted were deemed as not a fit for the interest group)
		3. Five competitive panels were submitted; 5 were accepted
		4. Chair of panel could not be a presenter
	3. Awards
		1. Top Paper & Student Paper: *Childfree by Choice:* *Stigma in Medical Consultations for Voluntary Sterilization*
			1. Panel is at 11:00 AM – following this meeting
			2. May need to consider an endowment for this award as other interests group are doing
				1. Discussion about possible monetary prize for student and top paper panel
		2. Top Panel: *Mental Illness and Media – Portrayals that may shape understanding*:
			1. Submitted by Shawn Starcher - Kent State University, Chair - Michelle Calka, Panelists: Shawn Starcher – Kent State University, Laura Russell - Denison University, Kallia O. Wright and Bailey Leitschuh - Illinois College, Sarah Symonds LeBlanc – IPFW, Malynnda Johnson – Indiana State University
3. Election
	1. Vice Chair: 2-year term; would plan Chicago
		1. Shawn Starcher – self nominate
			1. Malynnda Johnson mentioned that she was going to nominate Shawn anyways
			2. No other nominations
		2. Approved by audience
	2. Secretary: 1-year term; would take minutes in Omaha
		1. Shawn Starcher nominated Andrea Meluch
			1. No other nominations
		2. Approved by audience
4. New Business
	1. 2019 Conference Planning
		1. Visit from Chad McBride, planner for Omaha
			1. Theme for next year – Dialogue
			2. Interest group members should consider the ways that we can construct panels that talk with people instead of at people
			3. Consider more ways to co-plan with other groups to reach across groups
			4. Conference will be held in the Double Tree hotel that has had major renovations since the last time the conference was in Omaha (2003)
				1. Public spaces are better situated for more dialogue
				2. Hotel will offer free shuttles within a 2-mile radius
				3. Hotel will also pick-up and drop-off from the airport which is close
				4. Hot cookies are offered every night
			5. Omaha features Old Market with lots of shops, restaurants, and bars near by
				1. New ballpark downtown as well that hosts College World Series
			6. New online submission process will be used and there may be kinks
				1. Please be patient as the change will be beneficial in the long run
			7. Malynnda Johnson asked about back-to-back panels that may be scheduled for longer panel ideas. Chad McBride said that they would consider it and would like to talk about it with her.
			8. Kallia Wright asked about having a local person coming in or going out in the community as the speaker to keep up with the Dialogue theme. Chad stated that they are working on some ideas for that.
				1. Chad mentioned that Omaha has a large refugee population that may satisfy this goal
	2. Ideas from the floor
		1. Pass the unofficial “stethoscope” from Sarah to Kallia (since we are the Health Communication Interest Group)
		2. Kallia discussed the online submission process and asked others to please be patient
		3. Kallia opened the floor for ideas for next year’s Dialogue theme
			1. Rebecca Imes – local artist paintings are used in Nebraska hospitals to facilitate dialogue between all of those involved in the healthcare process
			2. Brendan Young – local Omaha hospital has won awards for handling patients and it may be a good fit for a field trip
				1. Donna Pawlowski mentioned that it was the local children’s hospital
			3. Kallia Wright – need to look for other events other than beer tours for people that do not drink beer
			4. Kallia Wright – possibly consider the dark side of health communication for Dialogue ideas
				1. Rebecca Imes –forcing people to open up about conversations about sexual assault may be a suitable option
				2. Brendan Young – difference between wanting to talk about change, but not really wanting to do anything about it
				3. Sarah LeBlanc – issues when doctors don’t get together and talk when they are all listed on the patient file
				4. Shawn Starcher – reluctant confidants and people disclosing when others may not want to hear their information
				5. Kallia Wright – dialogue may be hindered by race, sex, class, etc. and being taken seriously by doctors

Brendan – this also happens with doctors when they are a different race, sex, class, etc.

* + - * 1. Sarah LeBlanc – consider how education (of the patient) may hinder or help the dialogue between patient and doctor….and to overcome stereotypes
				2. Malynnda Johnson – instead of helping doctors, what about helping patients to be better communicators – better advocates for their health

Sarah LeBlanc – how to strike a dialogue as a patient

Jeff Kuznekoff – may need to reach out to doctors and get their perspective as well

Sarah LeBlanc mentioned that Kallia Wright should seek assistance from Chad McBride in making that happen

* + - * 1. Elizabeth Hintz – make sure to include something about translational dialogue to make a difference in the lives of individuals
				2. Brendan Young – need to have better dialogue about how we define ourselves to others as health communication scholars
				3. Donna Pawlowski – possibly consider how we discuss health communication issues with students
				4. Kallia Wright – how to teach health communication courses – activities, lesson plans, how to engage, etc.
				5. Rebeccca Imes – therapy/service dogs/emotional support animals and how people interact with them as they are becoming more visible

Brendan – may need to consider the dark side of these support animals as well

Sarah – how might therapy dogs increase/decrease dialogue about mental health

Malynnda Johnson – dialogue between students and instructors about animals – how we can help students more and vice versa

Malynnda mentioned how one of her students was proactive with resources for the instructor and the other students

* + - * 1. Malynnda Johnson – need to consider bringing in outside resources on panels and not force them to pay for the conference if they are only there for that panel
				2. Kallia Wright – consider helping to mentor younger academics about what to talk about when entering the job market or how to share their private information about health issues – tips for people how to do that
				3. Rebecca Imes – how to interact with students when they disclose with instructors about illnesses – possibly when students ask for favors based on their illness – seems to be more prevalent

Where do the accommodations stop and when is it fair for other students?

* + - * 1. Kallia Wright – how can technology impact dialogue regarding health information?
				2. Elizabeth Hintz – how to navigate when healthcare providers information does not interact with other systems
				3. Brendan Young – opioid crisis issues in relation to cannabis and the dialogue around these issues
				4. Sarah LeBlanc – should we be the interest group to discuss the activities that adolescents are doing and posting to YouTube (Tide Pods, condom snorting, etc.)

Jeff mentioned that it could be a cross-panel with an interpersonal or family panel

* + - 1. **Malynnda Johnson – send email about what to post about activity with Chris North – certified as a public advocacy individual?**
	1. Kallia Wright – please sign up to be a respondent, chair, or reviewer

Scholars in attendance: Sarah LeBlanc, Brendan Young, Jeff Kuznekoff, Clinton Brown, Elizabeth Hintz, Malynnda Johnson, Donna Pawlowski, Andrea Meluch, Maria Brann, Rebecca Imes, Shawn Starcher, Kallia Wright