

COMMUNICATION STRATEGIES VITAL TO VISION, MISSION

This issue of *Health Progress* highlights many perspectives on communication and the way it can help us carry out the mission of Catholic health care. Similarly, effective communication is key to the goals of CHA Vision 2020, which call us to “collaborate, promote innovation and generously share knowledge to improve the health of individuals and communities.”



**ELAINE
BAUER**

Over the next decade, the United States will become more culturally diverse, and its workforce will span as many as four generations. As Catholic health providers, we value the dignity of each person and respect the richness of diversity. Our awareness and appreciation of these cultural influences will help us be more effective in our communication — collaboration, knowledge sharing and day-to-day interactions.

Our own culture affects how we approach problems and how we participate in groups and in communities. It shapes the way we understand the world. Anthropologists Kevin Avruch and Peter Black explain the importance of culture as “[providing] the ‘lens’ through which we view the world; the ‘logic’ ... by which we order it; the ‘grammar’ ... by which it makes sense.”¹

In other words, culture is central to what we see, how we make sense of what we see and how we express ourselves, wrote Marcelle DuPraw and Marya Axner as part of a study guide to accompany the 1997 “A More Perfect Union” media education project about American cultural identity. DuPraw and Axner identified five fundamental patterns of cultural differences that affect how people relate to one another individually and in groups — handling conflict, approaching task completion, making decisions, disclosure, and epistemologies or “knowing.”²

Recognizing where cultural differences are at work is the first step toward understanding and respecting one another. Awareness of cultural dif-

ferences shouldn’t divide us, nor should it paralyze us either. In fact, as we move toward the middle of this century, it will become more important to be aware of and understand these perspectives in order to effectively lead our ministries.

In our communications, it is important to remember that age can also be a type of cultural variation. For instance, the “traditionalist” generation, born before 1946, prefers formal communication delivered in detailed, prose-style writing.

This contrasts with preferences of the “millennial” generation, born after 1982, which likes eye-catching and fun communications delivered seamlessly and constantly, preferably electronically. These preferences result from the era in which each generation grew up, the events that occurred in the world around them and the modes of communication technology that were available to them.³ Communicating across multiple generations of workers within the Catholic health ministry will require patience and creativity.



STEEPED IN TRADITION, FOCUSED ON THE FUTURE.

Recognizing where cultural differences are at work is the first step toward understanding and respecting one another.

Another aspect of communication that comes

to life in Vision 2020 is embedded in “lead(ing) the development of sustainable, person-centered models of care across the continuum.” As we unpack what is in this element of the vision, “person-centered” jumps out. In order to understand what each person needs in the context of his or her life beyond our four walls, effective communication is essential. Every caregiver across the continuum

must have access to information to coordinate care effectively.

Over the next decade, not only will the tools and technologies for communication among and between caregivers expand exponentially, but so will the tools and technologies for each individual as the owner of his or her personal health information.

These technologies present many exciting opportunities for us to expand our mission to reach those who are vulnerable and underserved.

For example, electronic health records will help eliminate redundancies and transcription errors and reduce costly time delays. But the technology raises a host of communication issues: Will the average person in our care understand what the information means and know what to do next? For that matter, will he or she know how to use the technology? If we step into a role as personal health navigator, can or should we be involved in “interpreting” this information to those in our care? What are the ethical and legal questions posed by this potential role?

Should we look ahead and invest in innovative communication technologies to expand access to care? One example: Mobile health, or “mHealth,” is an emerging field within telemedicine that taps into the capabilities of a portable mobile device, such as a cell phone. For example, people with cuts, skin infections, rashes and other flesh wounds document the condition using a camera on their cell phone and e-mail the pictures along with answers to a series of questions to a provider who makes a diagnosis and prescribes an appropriate treatment.⁴ This approach can be particularly effective for home health providers and for homebound persons in rural settings.

These technologies present many exciting

opportunities for us to expand our mission to reach those who are vulnerable and underserved. They also call us to be even more attentive to how we build relationships with those in our care — and challenge us to find ways to maintain the personal, respectful and spiritual connection that has so long been a hallmark of Catholic health ministry.

Our vision for Catholic health ministry over the next decade calls us not only to be open to, but to promote innovation, to collaborate, and to generously share knowledge to improve the health of individuals and communities. How effectively we communicate and how we use available communication technologies will, in part, determine whether or not we are successful in achieving this vision.

ELAINE BAUER, M.A., FACHE, is vice president, strategic initiatives, Catholic Health Association, Washington, D.C. Write to her at ebauer@chausa.org.

NOTES

1. Kevin Avruch and Peter Black, “Conflict Resolution in Intercultural Settings: Problems and Prospects,” in *Conflict Resolution Theory and Practice: Integration and Application*, ed. Dennis Sandole and Hugo van der Merwe (Manchester, U.K.: Manchester University Press, 1993).
2. Marcelle E. Dupraw and Marya Axner, “Working on Common Cross-cultural Communication Challenges,” www.pbs.org/ampu/crosscult.html#FTNT_1
3. Ron Strand, “Intergenerational Communication Models,” *Communication World Magazine*, March-April 2008.
4. Leslie Tamura, “Physicians Use Photos from Patients’ Cell Phones to Deliver ‘Mobile Health,’” *Washington Post*, August 31, 2010.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, November-December 2010
Copyright © 2010 by The Catholic Health Association of the United States
