

Chapter 1

Introduction to Health Communication

Chapter 1 introduces the reader to the concept of health communication and defines the basic terms in the field. The sections that follow distinguish health communication from other forms of information dissemination and describe who does it and who they do it to. The organization of the book is also outlined in this chapter.

DEFINING COMMUNICATION AND HEALTH COMMUNICATION

Communication refers to the transmission or exchange of information and implies the sharing of meaning among those who are communicating. Communication serves the purposes of: 1) initiating actions, 2) making known needs and requirements, 3) exchanging information, ideas, attitudes and beliefs, 4) engendering understanding, and/or 5) establishing and maintaining relations (U.S. Office of Disease Prevention and Health Promotion, 2004). Communication, thus, plays an integral role in the delivery of healthcare and the promotion of health.

According to Healthy People 2010 guidelines, *health communication* encompasses the study and use of communication strategies to inform and influence individual and community decisions that enhance health. It links the domains of communication and health.

Health communication encompasses the study and use of communication strategies to inform and influence individual and community knowledge, attitudes and practices (KAP) with regard to health and

healthcare. The field represents the interface between communication and health and is increasingly recognized as a necessary element for improving both personal and public health. Health communication can contribute to all aspects of disease prevention and health promotion.

The most obvious application of health communication has been in these areas of health promotion and disease prevention. Research has uncovered improvement of interpersonal and group interactions in clinical situations (for example, between provider and patient, provider and provider, and among members of a healthcare team) through the training of health professionals and patients in effective communication skills.

Virtually all Americans have been exposed to health messages through public education campaigns that seek to change the social climate in order to encourage healthy behaviors, create awareness, change attitudes, and motivate individuals to adopt recommended behaviors. Campaigns traditionally have relied on mass communication (such as public service announcements on billboards, radio, and television) and educational messages in printed materials (such as pamphlets) to deliver health messages. Other campaigns have integrated mass media with community-based programs and/or incorporated social marketing techniques.

Increasingly, health improvement activities are taking advantage of digital technologies, such as CD-ROM and the World Wide Web, that can target audiences, tailor messages, and engage people in interactive, ongoing exchanges about health. As population-based approaches to healthcare have become more common, the role of health communication has expanded. Community-centered prevention shifts attention from the individual to group-level change and emphasizes the empowerment of individuals and communities to effect change on multiple levels.

Federal healthcare officials have emphasized the importance of health communication in addressing the nation's "leading health indicators". These focus on key health improvement activities and are described in *Healthy People 2010: Understanding and Improving Health* (2004). Movement toward the achievement of these objectives depends to a great extent on effective health communication. The promotion of regular physical activity, healthy weight, good nutrition, and responsible sexual behavior all require a range of information, education, and advocacy efforts, as does the reduction of tobacco use, substance abuse, injuries, and violence. Effective counseling and patient education geared to behavior change require healthcare providers and patients to have good communication skills. Public information campaigns are used, for example, to promote increased fruit and vegetable consumption, higher rates of preventive screening, higher rates of clinical preventive services, and increased adoption of risk-reducing behaviors.

Health communication can take place at a number of different levels, and the Centers for Disease Control and Prevention identified the following levels of impact:

The individual – The individual is the most fundamental target for health-related change, since it is individual behaviors that affect health status. Communication can affect the individual's awareness, knowledge, attitudes, self-efficacy, and skills for behavior change. Activity at all other levels ultimately aims to affect and support individual change.

The social network – An individual's relationships and the groups to which an individual belongs can have a significant impact on his or her health. Health communication programs can work to shape the information a group receives and may attempt to change communication patterns or content. Opinion leaders within a network are often a point of entry for health programs.

The organization – Organizations include formal groups with a defined structure, such as associations, clubs, and civic groups; worksites; schools; primary healthcare settings; and retailers. Organizations can carry health messages to their membership, provide support for individual efforts, and make policy changes that enable individual change.

The community – The collective well-being of communities can be fostered by creating structures and policies that support healthy lifestyles and by reducing or eliminating hazards in social and physical environments. Community-level initiatives are planned and led by organizations and institutions that can influence health: schools, worksites, healthcare settings, community groups, and government agencies.

The society – Society as a whole has many influences on individual behavior, including norms and values, attitudes and opinions, laws and policies, and the physical, economic, cultural, and information environments.

Clearly, the more levels a communication program can influence, the greater the likelihood of creating and sustaining the desired change. Health communication alone, however, cannot change systemic problems related to health, such as poverty, environmental degradation, or lack of access to health care, but comprehensive health communication programs should include a systematic exploration of all the factors that contribute to health and the strategies that could be used to influence these factors. Well-designed health communication activities can help individuals better understand their own and their communities' needs so that they can take appropriate actions to maximize health.

THE ROLE OF COMMUNICATION

One of the major developments of recent years has been the “discovery” of the role that health communication can play (for good and bad) in determining individual and community health status. Effective communication can (a) improve the health outcomes of acute and chronic conditions, (b) reduce the impact of racial, ethnic, disease-specific and socioeconomic factors in care, and (c) improve the effectiveness of prevention and health promotion. The large gap between expected and achieved quality in health care can be attributed to ineffective communication between providers and patients and their families, providers and providers, health care organizations and providers (Institute of Medicine, 2001). Similarly, the large gaps in quality between whites and minorities that are not explainable by differences in insurance or socioeconomic status reflect the crucial role that inadequate communication and lack of cultural competence play.

Health communication has become an accepted tool for promoting public health. Health communication principles are often used today for various disease prevention and control strategies including advocacy for health issues, marketing health plans and products, educating patients about medical care or treatment choices, and educating consumers about healthcare quality issues. At the same time, the availability of new technologies and computer-based media is expanding access to health information and raising questions about equality of access, accuracy of information, and effective use of these new tools.

The many roles that health communication can play have been highlighted by the Centers for Disease Control and Prevention. These roles include:

- Increase knowledge and awareness of a health issue, problem, or solution
- Influence perceptions, beliefs, attitudes, and social norms
- Prompt action
- Demonstrate or illustrate skills
- Show the benefit of behavior change
- Increase demand for health services
- Reinforce knowledge, attitudes, and behavior
- Refute myths and misconceptions
- Help coalesce organizational relationships
- Advocate for a health issue or a population group

Many patients report that they are not satisfied with the quality of their interactions with healthcare professionals. Significant gaps in communication between patients and healthcare professionals are evident in the

general population. These gaps are more pronounced among (a) marginalized groups such as those with disabilities, low literacy, limited English proficiency or low socioeconomic status, (b) stigmatized groups such as those with HIV infection, obesity, or mental illnesses, and (c) minority populations such as African-Americans and refugees (University of Rochester Medical Center, 2004).

Poor communication has a strongly negative impact on outcomes of (a) chronic diseases including diabetes and hypertension, (b) acute illnesses, including pain control, morbidity following surgery, and length of hospital stay, and (c) mental illnesses such as depression and schizophrenia.

Improvements in communication in healthcare settings, invariably lead to better health outcomes. Furthermore, these changes may contribute to greater equity in health and healthcare for racial, ethnic, socioeconomic, educational and minority populations. Better communication can lead to improvements in prevention, motivation for behavior change, and adherence to treatment.

OBJECTIVES OF THE BOOK

One book obviously cannot transmit everything that is important about health communication and this one does not attempt that. This book is intended as an introduction to the field offering, on the one hand, an overview of this emerging discipline and, on the other, enough nuts-and-bolts information to allow the reader to further explore the field from a position of knowledge. The reader is exposed to the “why”, “what”, “where” and “when” of health communication, as well as the “who” and the “how”. The how-to sections provide guidelines for developing health communication initiatives, and the case studies provide concrete examples. Ultimately, it is hoped that the book provides the wherewithal for transferring the growing body of knowledge on health behavior to the arena of the practitioner.

The audience for the proposed book includes a number of different constituents. A growing number of health professionals are focusing on health communication as a specialty, in addition to the significant number of individuals involved in healthcare marketing in some form or another. Students in the fields of communication, public health, healthcare administration and marketing should find this book useful, along with practitioners and consultants in those fields. Health professionals in both the public and private sectors involved in program planning, administration or evaluation should also benefit from this book.

This book focuses on the concepts, theories, and applications of health communication in the contemporary healthcare environment. The book

is designed to fill a void in the literature on this topic by providing a comprehensive yet in-depth treatment of the emerging field of health communication. It is geared to the needs of both the academic and professional communities and addresses the disconnect between existing research and its application to the healthcare system.

The book could be useful as both a reference work and as a classroom text. It describes a practical approach for planning and implementing health communication efforts; it offers guidelines, not hard and fast rules. Virtually everyone in healthcare must be familiar with these concepts in today's environment, regardless of the aspect of healthcare with which they deal.

APPROACH OF THE BOOK

The approach taken by this book carries the reader through an introduction to health communication, defining the issues and reviewing the evolution of the concept. This is followed in Chapter 2 which discusses social and cultural considerations with implications for health communication, while Chapter 3 deals with the changing healthcare context. Chapter 4 covers the history of the field of health communication, linking it to the evolving healthcare arena. Chapter 5 focuses on the various audiences for healthcare, addressing the identification and profiling of target populations. These chapters are followed by Chapter 6 on the theoretical framework for communication and Chapter 7 on theories of health behavior.

With this foundation laid, Chapter 8 outlines a process for developing health communication initiatives, including goals of health communication, necessary ingredients, and critical steps in the process. The two chapters that follow describe techniques for health communication—Chapter 9 on traditional techniques for health communication and Chapter 10 on contemporary approaches to communicating health information. Chapter 11 describes procedures to be utilized in evaluating the success of communication efforts. This is followed in Chapter 12 by a number of case studies illustrating various aspects of health communication. The book ends with a discussion of the future of health communication and the factors that will influence the course of the field in the 21st century in Chapter 13.

The book contains numerous sidebars focusing on aspects of the topic that require special attention. Case examples throughout supplement the chapter devoted to case studies. Lists of additional resources (including Internet links) supplement the bibliographical listings and the glossary represents a useful resource.

References

- The Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington: National Academies Press.
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Additional Resources

- Kreps, Gary L., & Barbara C. Thornton. (1992). *Health communication: Theory and practice* (2nd ed.). Long Grove, IL: Waveland Press.
- Rice, R. E., & Atkin, C. K. (2000). *Public communication campaigns* (3rd ed.). Thousand Oaks, CA: Sage.
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Internet Resources

<http://sla.purdue.edu/healthcomm/Introduction.html>