

WHAT IS HEALTH COMMUNICATION?

Health communication is an evolving and increasingly prominent field in public health, health care, and the non-profit and private sectors. Therefore, many authors and organizations have been attempting to define or redefine it over time. Because of the multidisciplinary nature of health communication, many of the definitions may appear somewhat different from each other. Nevertheless, when they are analyzed, most point to the role that health communication can play in influencing, supporting, and empowering individuals, communities, health care professionals, policymakers, or special groups to adopt and sustain a behavior or a social, organizational, and policy change that will ultimately improve individual, community, and public health outcomes.

Understanding the true meaning of health communication and establishing the right context for its implementation may help communication managers and other public health, community development, and health care professionals identify early on the training needs of staff, the communities they serve, and others who are involved in the communication process. It will also help create the right organizational mind-set and capacity that should lead to a successful use of communication approaches to reach group-, stakeholder-, and community-specific goals.

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CHAPTER OBJECTIVES

This chapter sets the stage to discuss current health communication contexts. It also positions the importance of health communication in public health, health care, and community development as well as the nonprofit and private sectors. Finally, it describes key elements, action areas, and limitations of health communication, and introduces readers to “the role societal, organizational, and individual factors” play in influencing and being influenced by public health communication (Association of Schools of Public Health, 2007, p. 5) and communication interventions in clinical (Hospitals and Health Networks, 2012) and other health-related settings.

Defining Health Communication

There are several definitions of health communication, which for the most part share common meanings and attributes. This section analyzes and aims to consolidate different definitions for health communication. This analysis starts from the literal and historical meaning of the word *communication*.

What Is Communication?

An understanding of health communication theory and practice requires reflection on the literal meaning of the word *communication*. *Communication* is defined in this way: “1. *Exchange of information*, between individuals, for example, by means of speaking, writing, or using a common system of signs and behaviors; 2. *Message*—a spoken or written message; 3. *Act of communicating*; 4. *Rapport*—a sense of mutual understanding and sympathy; 5. *Access*—a means of access or communication, for example, a connecting door” (*Encarta Dictionary*, January 2007).

In fact, all of these meanings can help define the modalities of well-designed health communication interventions. As with other forms of communication, health communication should be based on a two-way exchange of information that uses a “common system of signs and behaviors.” It should be accessible and create “mutual feelings of understanding and sympathy” among members of the communication team and **intended audiences or key groups** (all groups the health communication program is seeking to engage in the communication process.) In this book, the terms *intended audience* and *key group* are used interchangeably. Yet, the term *key group* may be better suited to acknowledge the participatory nature of well-designed health communication interventions in which communities

intended audiences or key groups

All groups the health communication intervention is seeking to engage in the communication process

and other key groups are the lead architects of the change process communication can bring about. For those who always have worked within a participatory model of health communication interventions, this distinction is concerned primarily with terminology-related preferences in different models and organizational cultures. Yet, as *audience* may have a more passive connotation, using the term *key group* may indicate the importance of creating key groups' ownership of the communication process, and of truly understanding priorities, needs, and preferences as a key premise to all communication interventions.

Finally, going back to the literal meaning of the word *communication* as defined at the beginning of this section, **channels** or **communication channels** (the means or path, such as mass media or new media, used to reach out to and connect with key groups via health communication messages and materials) and messages are the “connecting doors” that allow health communication interventions to reach and engage intended groups.

Communication has its roots in people's need to share meanings and ideas. A review of the origin and interpretation of early forms of communication, such as writing, shows that many of the reasons for which people may have started developing graphic notations and other early forms of writing are similar to those we can list for health communication.

One of the most important questions about the origins of writing is, “Why did writing begin and for what specific reasons?” (Houston, 2004, p. 234). Although the answer is still being debated, many established theories suggest that writing developed because of state and ceremonial needs (Houston, 2004). More specifically, in ancient Mesoamerica, early forms of writing may have been introduced to help local rulers “control the underlings and impress rivals by means of propaganda” (Houston, 2004, p. 234; Marcus, 1992) or “capture the dominant and dominating message within self-interested declarations” (Houston, 2004, p. 234) with the intention of “advertising” (p. 235) such views. In other words, it is possible to speculate that the desire and need to influence and connect with others are among the most important reasons for the emergence of early forms of writing. This need is also evident in many other forms of communication that seek to create feelings of approval, recognition, empowerment, or friendliness, among others.

Health Communication Defined

One of the key objectives of **health communication** is to engage, empower, and influence individuals and communities. The goal is admirable because health communication aims to improve health outcomes by sharing

communication channels

The path selected by program planners to reach the intended audience with health communication messages and materials

health communication

A multifaceted and multidisciplinary field of research, theory, and practice concerned with reaching different populations and groups to exchange health-related information, ideas, and methods in order to influence, engage, empower, and support individuals, communities, health care professionals, patients, policymakers, organizations, special groups, and the public so that they will champion, introduce, adopt, or sustain a health or social behavior, practice, or policy that will ultimately improve individual, community, and public health outcomes

vulnerable populations

Includes groups who have a higher risk for poor physical, psychological, or social health in the absence of adequate conditions that are supportive of positive outcomes

underserved populations

Includes geographical, ethnic, social, or community-specific groups who do not have adequate access to health or community services and infrastructure or adequate information

health equity

Providing every person with the same opportunity to stay healthy or to effectively cope with disease and crisis, regardless of race, gender, age, economic conditions, social status, environment, and other socially determined factors

health-related information. In fact, the Centers for Disease Control and Prevention (CDC) define *health communication* as “the study and use of communication strategies to inform and influence individual and community decisions that enhance health” (CDC, 2001; US Department of Health and Human Services, 2012a). The word *influence* is also included in the *Healthy People 2010* definition of health communication as “the art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues” (US Department of Health and Human Services, 2005, pp. 11–12).

Yet, the broader mandate of health communication is intrinsically related to its potential impact on vulnerable and underserved populations. **Vulnerable populations** include groups who have a higher risk for poor physical, psychological, or social health in the absence of adequate conditions that are supportive of positive outcomes (for example, children, the elderly, people living with disability, migrant populations, and special groups affected by stigma and social discrimination). **Underserved populations** include geographical, ethnic, social, or community-specific groups who do not have adequate access to health or community services and infrastructure or information. “Use health communication strategies . . . to improve population health outcomes and health care quality, and to achieve health equity,” reads *Healthy People 2020* (US Department of Health and Human Services, 2012b). **Health equity** is providing every person with the same opportunity to stay healthy or to effectively cope with disease and crisis, regardless of race, gender, age, economic conditions, social status, environment, and other socially determined factors. This can be achieved only by creating a receptive and favorable environment in which information can be adequately shared, understood, absorbed, and discussed by different communities and sectors in a way that is inclusive and representative of vulnerable and underserved groups. This requires an in-depth understanding of the needs, beliefs, taboos, attitudes, lifestyle, socioeconomics, environment, and social norms of all key groups and sectors that are involved—or should be involved—in the communication process. It also demands that communication is based on messages that are easily understood. This is well characterized in the definition of *communication* by Pearson and Nelson (1991), who view it as “the process of understanding and sharing meanings” (p. 6).

A practical example that illustrates this definition is the difference between making an innocent joke about a friend’s personality trait and doing the same about a colleague or recent acquaintance. The friend would likely laugh at the joke, whereas the colleague or recent acquaintance might be offended. In communication, understanding the context

of the communication effort is interdependent with becoming familiar with intended audiences. This increases the likelihood that all meanings are shared and understood in the way communicators intended them. Therefore, communication, especially about life-and-death matters such as in public health and health care, is a long-term strategic process. It requires a true understanding of the key groups and communities we seek to engage as well as our willingness and ability to adapt and redefine the goals, strategies, and activities of communication interventions on the basis of audience participation and feedback.

Health communication interventions have been successfully used for many years by public health and nonprofit organizations, the commercial sector, and others to advance public, corporate, clinical, or product-related goals in relation to health. As many authors have noted, health communication draws from numerous disciplines and theoretical fields, including health education, social and behavioral sciences, community development, mass and speech communication, marketing, social marketing, psychology, anthropology, and sociology (Bernhardt, 2004; Kreps, Query, and Bonaguro, 2007; Institute of Medicine, 2003b; World Health Organization [WHO], 2003). It relies on different communication activities or action areas, including interpersonal communication, mass media and new media communication, strategic policy communication and public advocacy, community mobilization and citizen engagement, professional medical communications, and constituency relations and strategic partnerships (Bernhardt, 2004; Schiavo, 2008, 2011b; WHO, 2003).

Table 1.1 provides some of the most recent definitions of health communication and is organized by key words most commonly used to characterize health communication and its role. It is evident that “sharing meanings or information,” “influencing individuals or communities,” “informing,” “motivating individuals and key groups,” “exchanging information,” “changing behaviors,” “engaging,” “empowering,” and “achieving behavioral and social results” are among the most common attributes of health communication.

Another important attribute of health communication should be “to support and sustain change.” In fact, key elements of successful health communication interventions always include long-term program sustainability as well as the development of communication tools and steps that make it easy for individuals, communities, and other key groups to adopt or sustain a recommended behavior, practice, or policy change. If we integrate this practice-based perspective with many of the definitions in Table 1.1, the new definition on page 9 emerges.

Table 1.1 Health Communication Definitions

Key Words	Definitions
To inform and influence (individual and community) decisions	<p>“Health communication is a key strategy to <i>inform</i> [emphasis added throughout table] the public about health concerns and to maintain important health issues on the public agenda” (New South Wales Department of Health, Australia, 2006).</p> <p>“The study or use of communication strategies to <i>inform and influence</i> individual and community decisions that enhance health” (CDC, 2001; US Department of Health and Human Services, 2005).</p> <p>Health communication is a “means to disease prevention through behavior modification” (Freimuth, Linnan, and Potter, 2000, p. 337). It has been defined as “the study and use of methods to <i>inform and influence</i> individual and community decisions that enhance health” (Freimuth, Linnan, and Potter, 2000, p. 338; Freimuth, Cole, and Kirby, 2000, p. 475).</p> <p>“Health communication is a process for the development and diffusion of messages to specific audiences in order to <i>influence</i> their knowledge, attitudes and beliefs in favor of healthy behavioral choices” (Exchange, 2006; Smith and Hornik, 1999).</p> <p>“Health communication is the use of communication techniques and technologies to (positively) <i>influence</i> individuals, populations, and organizations for the purpose of promoting conditions conducive to human and environmental health” (Maibach and Holtgrave, 1995, pp. 219–220; Health Communication Unit, 2006). “It may include diverse activities such as clinician-patient interactions, classes, self-help groups, mailings, hot lines, mass media campaigns, and events” (Health Communication Unit, 2006).</p>
Motivating individuals and key groups	<p>“The art and technique of informing, influencing and <i>motivating</i> individual, institutional, and public audiences about important health issues. Its scope includes disease prevention, health promotion, health care policy, and business, as well as enhancement of the quality of life and health of individuals within the community” (Ratzan and others, 1994, p. 361).</p> <p>“Effective health communication is the art and technique of <i>informing, influencing, and motivating</i> individuals, institutions, and large public audiences about important health issues based on sound scientific and ethical considerations” (Tufts University Student Services, 2006).</p>
Change behavior, achieve social and behavioral results	<p>“Health communication, like health education, is an approach which attempts to <i>change a set of behaviors</i> in a large-scale target audience regarding a specific problem in a predefined period of time” (Clift and Freimuth, 1995, p. 68).</p> <p>“There is good evidence that public health communication has affected health behavior . . . In addition, . . . many public agencies assume that public health communication is a powerful tool for <i>behavior change</i>” (Hornik, 2008a, pp. xi–xv).</p> <p>“. . . <i>behavior change</i> is credibly associated with public health communication . . .” (Hornik, 2008b, p. 1).</p> <p>“. . . health communication strategies that are collaboratively and strategically designed, implemented, and evaluated can help to improve health in a significant and lasting way. Positive results are achieved by empowering people to <i>change their behavior</i> and by facilitating <i>social change</i>” (Krenn and Limaye, 2009).</p> <p>Health communication and other disciplines “may have some differences, but they share a common goal: creating <i>social change</i> by changing people’s attitudes, external structures, and/or <i>modify or eliminate certain behaviors</i>” (CDC, 2011a).</p>
Increase knowledge and understanding of health-related issues	<p>“The goal of health communication is to <i>increase knowledge and understanding</i> of health-related issues and to improve the health status of the intended audience” (Muturi, 2005, p. 78).</p> <p>“Communication means a process of <i>creating understanding</i> as the basis for development. It places emphasis on people interaction” (Agunga, 1997, p. 225).</p>

Table 1.1 Health Communication Definitions (*continued*)

Key Words	Definitions
<i>Empowers people</i>	<p>"Communication <i>empowers people</i> by providing them with knowledge and understanding about specific health problems and interventions" (Muturi, 2005, p. 81).</p> <p>". . . transformative communication . . . seek[s] not only to educate people about health risks, but also to facilitate the types of social relationships most likely to <i>empower</i> them to resist the impacts of unhealthy social influences" (Campbell and Scott, 2012, pp. 179–180).</p> <p>"Communication processes are central to broader <i>empowerment</i> practices through which people are able to arrive at their own understanding of issues, to consider and discuss ideas, to negotiate, and to engage in public debates at community and national levels" (Food and Agriculture Organization of the United Nations and others, 2011, p. 1).</p>
<i>Exchange, interchange of information, two-way dialogue</i>	<p>"A process for partnership and participation that is based on <i>two-way dialogue</i>, where there is an interactive <i>interchange of information</i>, ideas, techniques and knowledge between senders and receivers of information on an equal footing, leading to improved understanding, shared knowledge, greater consensus, and identification of possible effective action" (Exchange, 2005).</p> <p>"Health communication is the scientific development, strategic dissemination, and critical evaluation of relevant, accurate, accessible, and understandable health <i>information communicated to and from intended audiences</i> to advance the health of the public" (Bernhardt, 2004, p. 2051).</p>
<i>Engaging</i>	<p>"One of the most important, and largely unrecognized, dimensions of effective health communication relates to how <i>engaging</i> the communication is" (Kreps, 2012a, p. 253).</p> <p>"To compete successfully for audience attention, health-related communications have to be polished and <i>engaging</i>" (Cassell, Jackson, and Chevront, 1998, p. 76).</p>

Health communication is a multifaceted and multidisciplinary field of research, theory, and practice. It is concerned with reaching different populations and groups to exchange health-related information, ideas, and methods in order to influence, engage, empower, and support individuals, communities, health care professionals, patients, policymakers, organizations, special groups and the public, so that they will champion, introduce, adopt, or sustain a health or social behavior, practice, or policy that will ultimately improve individual, community, and public health outcomes.

Health Communication in the Twenty-First Century: Key Characteristics and Defining Features

Health communication is about improving health outcomes by encouraging behavior modification and social change. It is increasingly considered an integral part of most public health interventions (US Department of Health and Human Services, 2012a; Bernhardt, 2004). It is a comprehensive approach that relies on the full understanding and participation of its intended audiences.

Health communication theory draws on a number of additional disciplines and models. In fact, both the health communication field and its theoretical basis have evolved and changed in the past fifty years (Piotrow, Kincaid, Rimon, and Rinehart, 1997; Piotrow, Rimon, Payne Merritt, and Saffitz, 2003; Bernhardt, 2004). With increasing frequency, it is considered “the avant-garde in suggesting and integrating new theoretical approaches and practices” (Drum Beat, 2005).

Most important, communicators are no longer viewed as those who write press releases and other media-related communications, but as fundamental members of the public health, health care, nonprofit, or health industry teams. Communication is no longer considered a skill (Bernhardt, 2004) but a science-based discipline that requires training and passion, and relies on the use of different **communication vehicles** (materials, activities, events, and other tools used to deliver a message through communication channels; Health Communication Unit, 2003b) and channels. According to Saba (2006):

communication vehicles

A category that includes materials, events, activities, or other tools for delivering a message using communication channels

In the past, and this is probably the most prevalent trend even today, health communication practitioners were trained “on-the-job.” People from different fields (sociology, demography, public health, psychology, communication with all its different specialties, such as filmmaking, journalism and advertising) entered or were brought into health communication programs to meet the need for professional human resources in this field. By performing their job and working in teams, they learned how to adapt their skills to the new field and were taught by other practitioners about the common practices and basic “lingo” of health communication. In the mid-90s, and in response to the increasing demand for health communication professionals, several schools in the United States started their own curricular programs and/or “concentrations” in Health Communication. This helped bring more attention from the academic world to this emerging field. The number of peer-reviewed articles and several other types of health communication publications increased. The field moved from in-service training to pre-service education.

As a result, there is an increasing understanding that “the level of technical competence of communication practitioners can affect outcomes.” A structured approach to health communications planning, a spotless program execution, and a rigorous evaluation process are the result of adequate competencies and relevant training, which are supported by leading organizations and agendas in different fields (Association of Schools of

Public Health, 2007; US Department of Health and Human Services, 2012b; American Medical Association, 2006; Hospitals and Health Network, 2012; National Board of Public Health Examiners, 2011). “In health communication, the learning process is a lifetime endeavor and should be facilitated by the continuous development of new training initiatives and tools” (Schiavo, 2006). Training may start in the academic setting but should always be influenced and complemented by practical experience and observations, and other learning opportunities, including in-service training, continuing professional education, and ongoing mentoring.

Health communication can reach its highest potential when it is discussed and applied within a team-oriented context that includes public health, health care, community development, and other professionals from different sectors and disciplines. Teamwork and mutual agreement, on both the intervention’s ultimate objectives and expected results, are key to the successful design, implementation, and impact of any program.

Finally, it is important to remember that there is no magic fix that can address health issues. Health communication is an evolving discipline and should always incorporate lessons learned as well as use a multidisciplinary approach to all interventions. This is in line with one of the fundamental premises of this book that recognizes the experience of practitioners as a key factor in developing theories, models, and approaches that should guide and inform health communication planning, implementation, and assessment.

Table 1.2 lists the key elements of health communication, which are further analyzed in the following sections.

Table 1.2 Key Characteristics of Health Communication

- People-centered
- Evidence-based
- Multidisciplinary
- Strategic
- Process-oriented
- Cost-effective
- Creative in support of strategy
- Audience- and media-specific
- Relationship building
- Aimed at behavioral and social results
- Inclusive of vulnerable and underserved groups

People-Centered

Health communication is a long-term process that begins and ends with people's needs and preferences. In health communication, intended audiences should not be merely a *target* (even if this terminology is used by many practitioners from around the world primarily to indicate that a communication intervention will focus on, benefit, and engage a specific group of people that shares similar characteristics—such as age, socio-economics, and ethnicity. It does not necessarily imply lack of audience participation) but an active participant in the process of analyzing and prioritizing the health issue, finding culturally appropriate and cost-effective solutions, and becoming effectively engaged as the lead change designer in the planning, implementation, and assessment of all interventions. This is why the term *key group* may better represent the role communities, teachers, parents, health care professionals, religious and community leaders, women, and many other key groups and stakeholders from a variety of segments of society and professional sectors should assume in the communication process. Yet, different organizations may have different cultural preferences for specific terminology even within the context of their participatory models and planning frameworks.

In implementing a people-centered approach to communication, researching communities and other key groups is a necessary but often not sufficient step because the effectiveness and sustainability of most interventions is often linked to the level of engagement of their key beneficiaries and those who influence them. Engaging communities and different sectors is often accomplished in health communication practice by working together with organizations and leaders who represent them or by directly involving members of a specific community at the outset of program design. For example, if a health communication intervention aims to reach and benefit breast cancer survivors, all strategies and key program elements should be designed, discussed, prioritized, tested, implemented, and evaluated together with membership organizations, patient groups, leaders, and patients who can speak for survivors and represent their needs and preferences. Most important, these groups need to feel invested and well represented. They should be the key protagonists of the action-oriented process that will lead to behavioral or social change.

Evidence-Based

Health communication is grounded in research. Successful health communication interventions are based on a true understanding not only of key groups but also of situations and sociopolitical environments. This

includes existing programs and lessons learned, policies, social norms, key issues, work and living environments, and obstacles in addressing the specific health problem. The overall premise of health communication is that behavioral and social change is conditioned by the environment in which people live and work, as well as by those who influence them. Several socially determined factors (also referred to as **social determinants of health**)—including socioeconomic conditions, race, ethnicity, culture, as well as having access to health care services, a built environment that supports physical activity, neighborhoods with accessible and affordable nutritious food, health information that’s culturally appropriate and accurately reflects literacy levels, and caring and friendly clinical settings—influence and are influenced by health communication (Association of Schools of Public Health, 2007). This requires a comprehensive research approach that relies on traditional, online, and new media-based research techniques for the formal development of a **situation analysis** (a planning term that describes the analysis of individual, social, political, environmental, community-specific, and behavior-related factors that can affect attitudes, behaviors, social norms, and policies about a health issue and its potential solutions) and **audience analysis** (a comprehensive, research-based, participatory, and strategic analysis of all key groups’ characteristics, demographics, needs, preferences, values, social norms, attitudes, and behavior). The **audience profile**, a report on all findings, is the culminating step of a process of effective engagement and participation that involve all key groups and stakeholders in the overall analysis). Situation and audience analyses are fundamental and interrelated steps of health communication planning (the audience analysis is described in this book as a component of the situation analysis), which should be participatory and empowering in their nature, and are described in detail in Chapter Eleven.

Multidisciplinary

Health communication is “transdisciplinary in nature” (Bernhardt, 2004, p. 2051; Institute of Medicine, 2003b) and draws on multiple disciplines (Bernhardt, 2004; WHO, 2003). Health communication recognizes the complexity of attaining behavioral and social change and uses a multifaceted approach that is grounded in the application of several theoretical frameworks and disciplines, including health education, social marketing, behavioral and social change theories, and medical and clinical models (see Chapter Two for a comprehensive discussion of key theories and models). It draws on principles successfully used in the nonprofit and corporate sectors and also on the people-centered approach of other disciplines, such as

social determinants of health

Different socially determined factors that affect health outcomes as well as influence and are influenced by health communication

situation analysis

A planning term that describes the analysis of individual, social, political, environmental, community-specific, and behavior-related factors that can affect attitudes, behaviors, social norms, and policies about a health issue and its potential solutions

audience analysis

A comprehensive, research-based, participatory, and strategic analysis of all key groups’ characteristics, demographics, needs, preferences, values, social norms, attitudes, and behavior

audience profile

An analytical report on key findings from audience-related research (also called audience analysis) and one of the key sections of the situation analysis

psychology, sociology, and anthropology (WHO, 2003). It is not anchored to a single specific theory or model. With people always at the core of each intervention, it uses a case-by-case approach in selecting those models, theories, and strategies that are best suited to reach their hearts; secure their involvement in the health issue and, most important, its solutions; and support and facilitate their journey on a path to better health.

Piotrow, Rimon, Payne Merritt, and Saffitz (2003) identify four different “eras” of health communication:

- (1) The *clinic era*, based on a medical care model and the notion that if people knew where services were located they would find their way to the clinics;
- (2) the *field era*, a more proactive approach emphasizing outreach workers, community-based distribution, and a variety of information, education, and communication (IEC) products;
- (3) the *social marketing era*, developed from the commercial concepts that consumers will buy the products they want at subsidized prices; and,
- (4) . . . the era of *strategic behavior communications*, founded on behavioral science models that emphasize the need to influence social norms and policy environments to facilitate and empower the iterative and dynamic process of both individual and social change. (pp. 1–2)

More recently, health communication has evolved toward a fifth “era” of strategic communication for behavioral and social change that rightly emphasizes and combines behavioral and social science models and disciplines along with marketing, medical, and social norms–based models, and aims at achieving long-lasting behavioral and social results. However, even in the context of each different health communication era, many of the theoretical approaches of other periods still find use in program planning or execution. For example, the situation analysis of a health communication program still uses commercial and social marketing tools and models—even if combined with community dialogue and other participatory or new media–based methods (see Chapters Two and Ten for a detailed description)—to analyze the environment in which change should occur. Instead, in the early stages of approaching key opinion leaders and other key **stakeholders** (all individuals and groups who have an interest or share responsibilities in a given issue, such as policymakers, community leaders, and community members), keeping in mind McGuire’s steps about communication for persuasion (1984; see Chapter Two), may help communicators gain stakeholder support for the importance or the urgency of adequately addressing a health issue. This theoretical flexibility should keep communicators focused on key groups and stakeholders and always on the lookout for the best approach and planning framework to achieve behavioral and

stakeholders

All individuals and groups who have an interest or share responsibilities in a given issue, such as policymakers, community leaders, and community members

social results by engaging and empowering people. In concert with the other features previously discussed, it also enables the overall communication process to be truly fluid and suited to respond to people's needs.

The importance of a somewhat flexible theoretical basis, which should be selected on a case-by-case basis (National Cancer Institute, 2005a), is already supported by reputable organizations and authors. For example, publications by the US Department of Health and Human Services (2002), and the National Cancer Institute at the National Institutes of Health (2002) points to the importance of selecting planning frameworks that "can help [communicators] identify the social science theories most appropriate for understanding the problem and the situation" (National Cancer Institute at the National Institutes of Health, 2002, p. 218). These theories, models, and constructs include several theoretical concepts and frameworks (see Chapter Two) that are also used in motivating change at individual and interpersonal levels or organizational, community, and societal levels (National Cancer Institute at the National Institutes of Health, 2002) by related or complementary disciplines.

The goal here is not to advocate for a lack of theoretical structure in communication planning and execution. On the contrary, planning frameworks, models, and theories should be consistent at least until preliminary steps of the evaluation phase of a program are completed. This allows communicators to take advantage of lessons learned and redefine theoretical constructs and **communication objectives** (the intermediate steps that need to be achieved in order to meet program goals and outcome objectives; National Cancer Institute, 2002) by comparing **program outcomes**, which measure changes in knowledge, attitudes, skills, behavior, and other parameters, with those that were anticipated in the planning phase. However, the ability to draw on multiple disciplines and theoretical constructs is a definitive advantage of the health communication field and one of the keys to the success of well-planned and well-executed communication programs.

Strategic

Health communication programs need to display a sound strategy and plan of action. All activities need to be well planned and respond to a specific audience-related need. Consider the example of Bonnie, a twenty-five-year-old mother who is not sure about whether to immunize her newborn child. Activities in support of a strategy that focuses on facilitating communication between Bonnie and her health care provider make sense only if evidence shows all or any of the following points: (1) Bonnie is likely to be influenced primarily, or at least significantly, by her health care provider

communication objectives

The intermediate steps that need to be achieved in order to meet the overall program goals as complemented by specific behavioral, social, and organizational objectives

program outcomes

Changes in knowledge, attitudes, skills, behavior, social norms, policies, and other parameters measured against those anticipated in the planning phase

and not by family or other new mothers; (2) there are several gaps in the understanding of patients' needs that prevent health care providers from communicating effectively; (3) providers lack adequate tools to talk about this topic with patients in a time-effective and efficient manner; (4) research data have been validated by community dialogue and other participatory methods that are inclusive of Bonnie and her peers; and (5) Bonnie and her peers and organizations that represent them have participated in designing all interventions.

communication strategies

A statement describing the overall approach used to accomplish communication objectives

Communication strategies (the overall approach used to accomplish the communication objectives) need to be research-based, and all activities should serve such strategies. Therefore, we should not rely on any workshop, press release, brochure, video, or anything else to provide effective communication without making sure that its content and format reflect the selected approach (the strategy), and that this is a priority to reach people's hearts. For this purpose, health communication strategies need to respond to an actual need that has been identified by preliminary research and confirmed by the intended audience.

Process-Oriented

Communication is a long-term process. Influencing people and their behaviors requires an ongoing commitment to the health issue and its solutions. This is rooted in a deep understanding of key groups, communities, and their environments, and aims at building consensus among affected groups, community members, and key stakeholders about the potential plan of action.

Most, if not all, health communication programs change or evolve from what communication experts may have originally envisioned due to the input and participation of communities, key opinion leaders, patient groups, professional associations, policymakers, community members, and other key stakeholders.

In health communication, engaging key groups on relevant health issues as well as exploring suitable ways to address them is only the first step of a long-term, people-centered process. This process often requires theoretical flexibility to accommodate people's needs, preferences, and priorities.

While in the midst of many process-oriented projects, many practitioners may have noticed that health communication is often misunderstood. Health communication uses multiple channels and approaches, which, despite what some people may think, include but are not limited to the use of the mass media or new media. Moreover, health communication aims at improving health outcomes and in the process help advance public health and community development goals or create market share (depending on whether health communication strategies are used for nonprofit

or for-profit goals) or encourages compliance to clinical recommendations and healthy lifestyles. Finally, health communication cannot focus only on channels, messages, and media. It also should attempt to involve and create consensus and feelings of ownership among intended audiences.

Exchange, a networking and learning program on health communication for development that is based in the United Kingdom and has multiple partners, views health communication as “a process for partnership and participation that is based on two-way dialogue, where there is an interactive interchange of information, ideas, techniques, and knowledge between senders and receivers of information on an equal footing, leading to improved understanding, shared knowledge, greater consensus, and identification of possible effective action” (2005). This definition makes sense in all settings and situations, but it assumes a greater relevance for health communication programs that aim to improve health outcomes in developing countries. Communication for development often needs to rely on creative solutions that compensate for the lack of local capabilities and infrastructure. These solutions usually emerge after months of discussion with local community leaders and organizations, government officials, and representatives of public and community groups. Word of mouth and the ability of community leaders to engage members of their own communities is often all that communicators have at hand.

Consider the case of Maria, a mother of four children who lives in a small village in sub-Saharan Africa together with her seventy-five-year-old father. Her village is almost completely isolated from major metropolitan areas, and very few people in town have a radio or know how to read. Maria is unaware that malaria, which is endemic in that region, poses a higher risk to children than to the elderly. Because elderly people benefit from a high hierarchical status in that region, if Maria is able to find money to purchase mosquito nets to protect someone in her family from mosquito bites and the consequent threat of malaria, she would probably choose that her father sleep under them, leaving her children unprotected. This is despite the high mortality rate from malaria among children in her village. If her village’s community leaders told her to do otherwise, she would likely change her practice and protect her children. This may be the first building block toward the development and adoption of new social norms not only by Maria but also her peers and other community members.

Involving Maria’s community leaders and peers in the communication process that would lead to a potential change in her habits requires long-term commitment. Such effort demands the involvement of local organizations and authorities who are respected and trusted by community leaders, as well as an open mind in listening to suggestions and seeking

solutions with the help of all key stakeholders. Because of the lack of local capabilities and limited access to adequate communication channels, this process is likely to take longer than any similar initiative in the developed world. Therefore, communicators should view this as an ongoing process and applaud every small step forward.

Cost-Effective

Cost-effectiveness is a concept that health communication borrows from commercial and social marketing. It is particularly important in the competitive working environment of public health and nonprofit organizations, where the lack of sufficient funds or adequate economic planning can often undermine important initiatives. It implies the need to seek solutions that allow communicators to advance their goals with minimal use of human and economic resources. Yet, communicators should use their funds as long as they are well spent and advance their evidence-based strategy. They should also seek creative solutions that minimize the use of internal funds and human resources by seeking partnerships, using existing materials or programs as a starting point, and maximizing synergies with the work of other departments in their organization or external groups and stakeholders in the same field.

Creative in Support of Strategy

Creativity is a significant attribute of communicators because it allows them to consider multiple options, formats, and media channels to reach and engage different groups. It also helps them devise solutions that preserve the sustainability and cost-effectiveness of specific health communication interventions. However, even the greatest ideas or the best-designed and best-executed communication tools may fail to achieve behavioral or social results if they do not respond to a strategic need identified by research data and validated by key stakeholders from intended groups. Too often communication programs and resources fail to make an impact because of this common mistake.

For example, developing and distributing a brochure on how to use insecticide-treated nets (ITNs) makes sense only if the intended community is already aware of the cycle of malaria transmission as well as the need for protection from mosquito bites. If this is not the case and most community members still believe that malaria is contracted by bathing in the river or is a complication of some other fevers (Pinto, 1998; Schiavo, 1998, 2000), the first strategic imperative is disease awareness, with a specific

focus on the cycle of transmission and subsequent protective measures. All communication materials and activities need to address this basic information need before talking about the use of ITNs and reasons to use them as an alternative to other potential protection methods. Creativity should come into play in devising culturally friendly tools to start sharing information about malaria and to engage community members in designing a community-specific communication intervention that would encourage protective behaviors and would benefit the overall community. In a nutshell, we should refrain from using creativity to develop and implement great, sensational, or innovative ideas when these do not respond to people's needs and key strategic priorities of the health communication intervention.

Audience- and Media-Specific

The importance of audience-specific messages and channels became one of the most important lessons learned after the anthrax-by-mail bioterrorist attacks that rocked the United States in October 2001. At the time, several letters containing the lethal agent *Bacillus anthracis* were mailed to senators and representatives of the media (Jernigan and others, 2002; Blanchard and others, 2005). The attack also exposed government staff workers, including US postal workers in the US Postal Service facility in Washington, DC, and other parts of the country, to anthrax. Two workers in the Washington facility died as a result of anthrax inhalation (Blanchard and others, 2005).

Communication during this emergency was perceived by several members of the medical, patient, and worker communities as well as public figures and the media to be often inconsistent and disorganized (Blanchard and others, 2005; Vanderford, 2003). Equally important, postal workers and US Senate staff have reported erosion of their trust in public health agencies (Blanchard and others, 2005). Several analyses point to the possibility that the *one message—one behavior approach* to communication (UCLA Department of Epidemiology, 2002)—in other words, using the same message and strategic approach for all audiences, which is likely to result in the same unspecific behavior that may not be relevant to specific communities or groups—led to feelings of being left out among postal workers, who in the Brentwood facility in Washington, DC, were primarily African Americans or individuals with a severe hearing impairment (Blanchard and others, 2005). They also point to the need for public health officials to develop the relationships that are needed to communicate with groups of different racial and socioeconomic backgrounds as well as “those with physical limitations that could hinder communication, such as those with hearing impairments” (Blanchard and others, 2005, p. 494; McEwen and Anton-Culver, 1988).

The lessons learned from the anthrax scare support some of the fundamental principles of good health communication practices. Messages need to be key group–specific and tailored to channels allowing the most effective reach, including among vulnerable and underserved groups. Because it is very likely that communication efforts may aim at producing multiple key group–appropriate behaviors, the one message–one behavior approach should be avoided (UCLA Department of Epidemiology, 2002) even when time and resources are lacking. As highlighted by the anthrax case study, in developing audience-specific messages and activities, the contribution of local advocates and community representatives is fundamental to increase the likelihood that messages will be heard, understood, and trusted by intended audiences.

Relationship Building

Communication is a relationship business. Establishing and preserving good relationships is critical to the success of health communication interventions, and, among other things, can help build long-term and successful partnerships and coalitions, secure credible stakeholder endorsement of the health issue, and expand the pool of ambassadors on behalf of the health cause.

Most important, good relationships help create the environment of “shared meanings and understanding” (Pearson and Nelson, 1991, p. 6) that is central to achieving social or behavioral results at the individual, community, and population levels. Good relationships should be established with key stakeholders and representatives of key groups, health organizations, community-based organizations, governments, and many other critical members of the extended health communication team. A detailed discussion of the dos and don’ts as well as the development of successful partnerships and relationship-building efforts is found in Chapters Eight and Thirteen.

Aimed at Behavioral and Social Results

Nowadays, we are transitioning from the “era of strategic behavior communications” (Piotrow, Rimon, Payne Merritt, and Saffitz, 2003, p. 2) to the *era of behavioral and social impact communication*. Several US and international models and agenda (for example, *Healthy People 2020*, COMBI, Communication for Development; see Chapter Two) support the importance of a behavioral and social change–driven mind-set in developing health communication interventions. Although the ultimate goal of health communication has always been influencing behaviors, social norms, and

policies (with the latter often being instrumental in institutionalizing social change and norms), there is a renewed emphasis on the importance of establishing behavioral and social objectives early on in the design of health communication interventions.

“What do you want people to do?” is the first question that should be asked in communication planning meetings. Do you want them to immunize their children before age two? Become aware of their risk for heart disease and behave accordingly to prevent it? Ask their dentists about oral cancer screening? Do you want local legislators to support a stricter law on the use of infant car seats? Or communities and special groups to create an environment of peer-to-peer support designed to discourage adolescents from initiating smoking? Or encourage people from different sectors (for example, employers, clinicians, etc.) to provide social support and tools to members of underserved communities so they are more likely to adopt and sustain a healthy lifestyle? Answering these kinds of questions is the first step in identifying suitable and research-based objectives of a communication program.

Although different theories (see Chapter Two) may specifically support the importance of either behavioral or social results as key outcome indicators, these two parameters are actually interconnected. In fact, social change typically takes place as the result of a series of behavioral results at the individual, group, community, social, and political levels.

Inclusive of Vulnerable and Underserved Groups

With a precise mandate from *Healthy People 2020* and the fact that several international organizations, such as UNICEF, have been investing overtime in rolling out an equity-based approach to programming, health communication is increasingly considered a key field that can contribute to a reduction of **health disparities** (“diseases or health conditions that discriminate and tend to be more common and more severe among vulnerable and underserved populations” [Health Equity Initiative, 2012b]; or overall differences in health outcomes) and an advancement of health equity. Therefore, health communication programs need to be mindful and inclusive of vulnerable and underserved populations. Such inclusiveness is not only limited to making sure that programs intended for the general population or specific communities also have a measurable impact on disadvantaged groups but it also entails that such groups are involved in the planning, implementation, and evaluation of all interventions so that their voices are heard and considered as part of the overall communication process. This is also important to build leadership capacity among vulnerable and underserved groups

health disparities

Diseases or health conditions that discriminate and tend to be more common and more severe among vulnerable and underserved populations; or overall differences in health outcomes

so they can adequately address current and future health and community development topics and find their own solutions to pressing issues.

The Health Communication Environment

When looking at the health communication environment where change should occur and be sustained (Figure 1.1), it becomes clear that effective communication can be a powerful tool in seeking to influence all of the factors that are highlighted in the figure. It is also clear that regardless of whether these factors are related to the audience, health behavior, product, service, social, or political environment, all of them are interconnected and can mutually affect each other. At the same time, health communication interventions can tip the existing balance among these factors, and change the weight they may have in defining a specific health issue and its solutions as well as within the living, working, and aging environment of the people we seek to reach and engage in the health communication process.

Figure 1.1 also reflects some of the key principles of marketing models as well as the socioecological model (Morris, 1975), behavioral and social sciences constructs, and other theoretical models (VanLeeuwen,

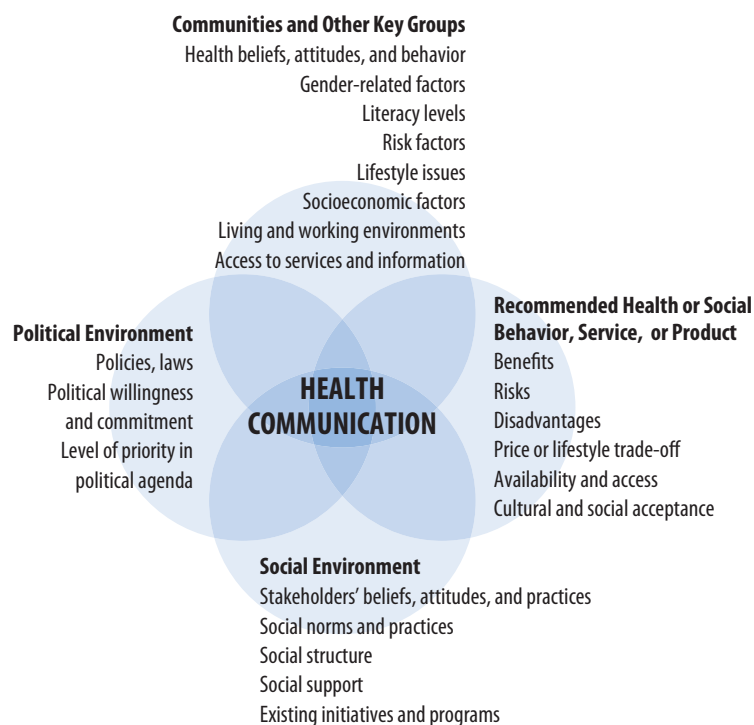


Figure 1.1 The Health Communication Environment

Waltner-Toews, Abernathy, and Smit, 1999) that are used in public health, health care, global health, and other fields to show the connection and influence of different factors (individual, interpersonal, community, sociopolitical, organizational, and public policy) on individual, group, and community behavior as well as to understand the process that may lead to behavioral and social results. Health communication theoretical basis is discussed in detail in Chapter Two.

Health Communication in Public Health, Health Care, and Community Development

Prior to the recent call to action by many federal and multilateral organizations, which encouraged a strategic and more frequent use of communication, health communication was used only marginally in a variety of sectors. It was perceived more as a skill than a discipline and confined to the mere dissemination of scientific and medical findings by public health and other professionals (Bernhardt, 2004). This section reviews current thinking on the role of health communication in public health, health care settings, and community development, and also serves as a reminder of the need for increased collaboration among these important sectors.

Health Communication in Public Health

Health communication is a well-recognized discipline in public health. Many public health organizations and leaders (Bernhardt, 2004; Freimuth, Cole, and Kirby, 2000; Institute of Medicine, 2002, 2003b; National Cancer Institute at the National Institutes of Health, 2002; Piotrow, Kincaid, Rimon, and Rinehart, 1997; Rimal and Lapinski, 2009; US Department of Health and Human Services, 2005, 2012b) understand and recognize the role that health communication can play in advancing health outcomes and the general health status of interested populations and special groups. Most important, there is a new awareness of the reach of health communication as well as its many strategic action areas (for example, interpersonal communication, professional medical communications, community mobilization and citizen engagement, and mass media and new media communication).

As defined by *Healthy People 2010* (US Department of Health and Human Services, 2005), in the US public health agenda, the scope of health communication in public health “includes disease prevention, health promotion, health care policy, and the business of health care as well as enhancement of the quality of life and health of individuals within the

community” (p. 11–20; Ratzan and others, 1994). Health communication “links the domains of communication and health” (p. 11–13) and is regarded as a science (Freimuth and Quinn, 2004; Bernhardt, 2004) of great importance in public health, especially in the era of epidemics and emerging diseases, the increasing toll of chronic diseases, the aging of large segments and percentages of the population of many countries, urbanization, increased disparities and socioeconomic divides, global threats, bioterrorism, and a new emphasis on a preventive and patient-centered approach to health. Finally, *Healthy People 2020* establishes health communication as a key discipline in contributing to advance health equity (US Department of Health and Human Resources, 2012b).

Health Communication in Health Care Settings

Health communication has an invaluable role within health care settings. Although provider-patient communications—which is perhaps the best known and most important use of communication within health care settings—is discussed in detail within Chapter Four, it is worth mentioning here that communication is also used to coordinate the activities of interdependent health care providers, encourage the widespread use of best clinical practices, promote the application of scientific advancements, and overall to administer complex and multisectoral health care delivery systems (see Chapter Seven and other relevant sections throughout this book).

As *Healthy People 2020* suggests, by combining effective health communication processes and integrating them with new technology and tools, there is the potential to

- Improve health care quality and safety.
- Increase the efficiency of health care and public health service delivery.
- Improve the public health information infrastructure.
- Support care in the community and at home.
- Facilitate clinical and consumer decision-making.
- Build health skills and knowledge (US Department of Health and Human Services, 2012b).

Among other things, *Healthy People 2020*'s recommendations reflect the support many reputable voices and organizations—in the United States and globally—have lent to the need for effective integration of the work and strategies from our public health and health care systems.

Health Communication in Community Development

As previously mentioned, health is influenced by many different factors and is not only the mere absence of illness. Health is a state of well-being that includes the physical, psychological, and social aspects of life, which in turn are influenced by the environment in which we live, work, grow, and age.

Community development refers to a field of research and practice that involves community members, average citizens, professionals, grant-makers, and others in improving various aspects of local communities. More traditionally, community development interventions have been dealing with providing and increasing access to adequate transportation, jobs, and other socioeconomic opportunities, education, and different kinds of infrastructure (for example, parks, community centers, etc.) within a given community or population. Yet, because all of these interventions or factors are greatly connected to people's ability to stay healthy or effectively cope with disease and emergency, many organizations have been calling for increased collaboration among the community development, health care, and public health fields (Braunstein and Lavizzo-Mourey, 2011).

Health communication can play a key role in moving forward such a collaborative agenda. It can help bridge organizational cultures and showcase relevant synergies among the works of public health, health care, and community development organizations and professionals; increase awareness on how key social determinants of health influence health outcomes; establish "good health," and more in general health equity, as key determinants of socioeconomic development; and engage and mobilize professionals from different sectors to take action. Health communication can be instrumental in empowering community members and professionals from different sectors to implement such cross-sectoral collaborative agenda, which would benefit different communities and populations in the United States and globally. We will continue to explore this important theme throughout the book.

community development

A field of research and practice that involves community members, average citizens, professionals, grant-makers, and others in improving various aspects of local communities

The Role of Health Communication in the Marketing Mix

As mentioned, health communication strategies are integral to a variety of interventions in different contexts. In the private sector, health communication strategies are primarily used in a marketing context. Still, many of the other behavioral and social constructs of health communication—and

definitely the models that position people at the center of any communication intervention—are considered and used at least at an empirical level. As in other settings (for example, public health), health communication functions tend to be similar to those described in the “What Health Communication Can and Cannot Do” section of this chapter.

Many in the private sector regard health communication as a critical component of the marketing mix, which is traditionally defined by the key four Ps of social marketing (see Chapter Two for a more detailed description): product, price, place, and promotion—in other words, “developing, delivering, and promoting a superior offer” (Maibach, 2003). Chapter Two includes a more detailed discussion of marketing models as one of the key theoretical and practical influences of health communication.

Overview of Key Communication Areas

Global health communication is a term increasingly used to include different communication approaches and action areas, such as interpersonal communication, social and community mobilization, and advocacy (Haider, 2005; Waisbord and Larson, 2005). Well-planned health communication programs rely on an integrated blend of different action areas that should be selected in consideration of expected behavioral and social outcomes (WHO, 2003; O’Sullivan, Yonkler, Morgan, and Merritt, 2003; Health Communication Partnership, 2005a). Long-term results can be achieved only through an engagement process that involves key groups and stakeholders, implements participatory approaches to research, and uses culturally appropriate action areas and communication channels. Remember that there is no magic fix in health communication.

Message repetitiveness and frequency are also important factors in health communication. Often the resonance effect, which can be defined as the ability to create a snowball effect for message delivery by using multiple vehicles, sources, and messengers, can help motivate people to change by reminding them of the desired behavior (for example, complying with childhood immunization requirements, using mosquito nets for protection against malaria, attempting to quit smoking) and its benefits. To this end, several action areas are usually used in health communication and are described in detail in the topic-specific chapters in Part Two:

- *Interpersonal communication*, which uses interpersonal channels (for example, one-on-one or group meetings), and is based on active listening, social and behavioral theories, as well as the ability to relate to, and identify with, the audience’s needs and cultural preferences and efficiently

address them. This includes “personal selling and counseling” (WHO, 2003, p. 2), which takes place during one-on-one encounters with members of key groups and other key stakeholders, as well as during group events and in locations where materials and services are available. It also includes provider-patient communications—which has been identified as one of the most important areas of health communication (US Department of Health and Human Services, 2005) and should aim at improving health outcomes by optimizing the relationships between providers and their patients, and community dialogue, which is an example of interpersonal communication at scale and is used in research and practice to solicit community input and engage and empower participants throughout the communication process.

- *Mass media and new media communication*, which relies on the skillful use of culturally competent and audience-appropriate mass media, new media, and social media, as well as other communication channels to place a health issue on the public agenda, raise awareness of its root causes and risk factors, advocate for its solutions, or highlight its importance so that key stakeholders, groups, communities, or the public at large take action.

- *Community mobilization and citizen engagement*, a bottom-up and participatory process that at times more formally includes methods for public consultations and citizen engagement. By using multiple communication channels, community mobilization seeks to involve community leaders and the community at large in addressing a health issue, participating in determining key steps to behavioral or social change, or practicing a desired behavior.

- *Professional medical communications*, a peer-to-peer approach intended to reach and engage health care professionals that aims to (1) promote the adoption of best medical and health practices; (2) establish new concepts and standards of care; (3) publicize recent medical discoveries, beliefs, parameters, and policies; (4) change or establish new medical priorities; and (5) advance health policy changes, among other goals.

- *Constituency relations and strategic partnerships in health communication*, a critical component of all other areas of health communication as well as a communication area of its own. Constituency relations refers to the process of (1) creating consensus among key stakeholders about health issues and their potential solutions, (2) expanding program reach by involving key constituencies, (3) developing alliances, (4) managing and anticipating criticisms and opponents, and (5) maintaining key relationships with other health organizations or stakeholders. Effective constituency relations often lead to strategic and multisectoral partnerships.

- *Policy communication and public advocacy*, which include government relations, policy briefing and communication, public advocacy, and media advocacy, and use multiple communication channels, venues, and media to influence the beliefs, attitudes, and behavior of policymakers, and consequently the adoption, implementation, and sustainability of different policies and funding streams for specific issues.

The Health Communication Cycle

The importance of a rigorous, theory-driven, and systematic approach to the design, implementation, and evaluation of health communication interventions has been established by several reputable organizations in the United States and globally (Association of Schools of Public Health, 2007; US Department of Health and Human Services, 2012b; WHO, 2003). Chapter Two includes examples of theory-driven planning frameworks used by different types of organizations in a variety of professional settings.

As previously mentioned in the book's introduction, Part Three provides detailed step-by-step guidance on health communication planning, implementation, and evaluation and at the same time also highlights the cyclical and interdependent nature of different phases of health communication interventions. Although a comprehensive overview of the health communication cycle and strategic planning process can be found in Chapter Ten, Figure 1.2 briefly describes key phases of health communication planning and introduces the basic planning framework

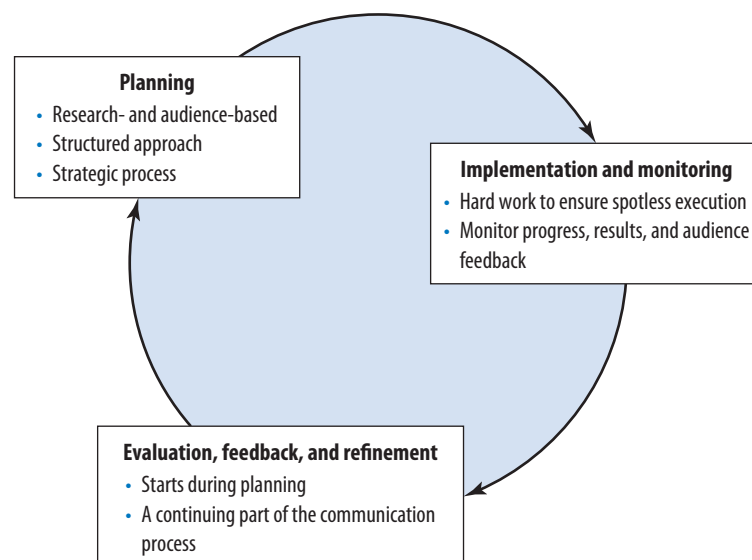


Figure 1.2 The Health Communication Cycle

that is discussed in detail in Part Three. Figure 1.2 also shows how strategic planning is directly connected to the other two stages of the health communication cycle (program implementation and monitoring, and evaluation, feedback, and refinement).

What Health Communication Can and Cannot Do

Health communication cannot work in a vacuum and is usually a critical component of larger public health or community development interventions or corporate efforts. Because of the complexity of health issues, it may “not be equally effective in addressing all issues or relaying all messages” (National Cancer Institute at the National Institutes of Health, 2002, p. 3), at least in a given time frame.

Health communication cannot replace the lack of local infrastructure (such as the absence of appropriate health services or hospitals or other essential services that would provide communities with enhanced opportunities to stay healthy, as, for example, parks, adequate transportation systems, recreational facilities, bike-sharing programs, and stores that sell nutritious food) or capability (such as an inadequate number of health care providers in relation to the size of the population being attended). It cannot compensate for inadequate medical solutions to treat, diagnose, or prevent any disease. But it can help advocate for change and create a receptive environment to support the development of new health services or the allocation of additional funds for medical and scientific discovery, or access to existing treatments or community services, or the recruitment of health care professionals in new medical fields or underserved geographical areas. In doing so, it helps secure political commitment, stakeholder endorsement, and community involvement to encourage change, devise community-specific solutions, and improve health outcomes.

Because of the evolving role of health communication, other authors and organizations have been defining the potential contribution of health communication to the health care and public health fields. For example, the US National Cancer Institute at the National Institutes of Health (2002) has a homonymous section, which partly inspired the need for this section, in one of its publications on the topic.

Understanding the role and the potential impact of health communication is important to take full advantage of the contribution of this field to health and related social outcomes as well as to set realistic expectations on what can be accomplished among team members, program partners, key groups, and stakeholders. Table 1.3 provides examples of what health communication can and cannot do.

Table 1.3 What Health Communication Can and Cannot Do

Health Communication Can Help . . .	Health Communication Cannot . . .
<p>Raise awareness of health issues and their root causes to drive policy or practice changes</p> <p>Engage and empower communities and key groups</p> <p>Influence research agendas and priorities and support the need for additional funds for medical and scientific discovery</p> <p>Increase understanding of the many socially determined factors that influence health and illness so they can be adequately addressed at the population and community levels</p> <p>Encourage collaboration among different sectors, such as public health, community development, and health care</p> <p>Secure stakeholder endorsement of health and related social issues</p> <p>“Influence perceptions, beliefs and attitudes that may change social norms” (National Cancer Institute at the National Institutes of Health, 2002, p. 3)</p> <p>Promote data and emerging issues to establish new standards of care</p> <p>“Increase demand for health services” (National Cancer Institute at the National Institutes of Health, 2002, p. 3) and products</p> <p>Show benefits of and encourage behavior change</p> <p>“Demonstrate healthy skills” (National Cancer Institute at the National Institutes of Health, 2002, p. 3)</p> <p>Provoke public discussion to drive disease diagnosis, treatment, or prevention</p> <p>Suggest and “prompt action” (National Cancer Institute at the National Institutes of Health, 2002, p. 3)</p> <p>Build constituencies to support health and social change across different sectors and communities</p> <p>Advocate for equal access to existing health products and services</p> <p>Strengthen third-party relationships</p> <p>Improve patient compliance and outcomes</p>	<p>Work in a vacuum, independent from other public health, health care, marketing, and community development interventions</p> <p>Replace the lack of local infrastructure, services, or capability</p> <p>Compensate for the absence of adequate treatment or diagnostic or preventive options and services</p> <p>“Be equally effective in addressing all issues or relaying all messages,” at least in the same time frame (National Cancer Institute at the National Institutes of Health, 2002, p. 3)</p>

Key Concepts

- Health communication is a multifaceted and multidisciplinary field of research, theory, and practice. It is concerned with reaching different populations and groups to exchange health-related information, ideas, and methods in order to influence, engage, empower, and support different groups so that they will champion, introduce, adopt, or sustain a health or social behavior, practice, or policy that will ultimately improve individual, community, and public health outcomes.
- Health communication should be inclusive and representative also of vulnerable and underserved groups.
- Health communication is an increasingly prominent field in public health, health care, community development, and the private sector (both nonprofit and corporate).
- Health communication can play a key role in advancing health equity.
- Several socially determined factors (also referred to as *social determinants of health*) influence and are influenced by health communication.
- One of the key characteristics of health communication is its multidisciplinary nature, which allows the theoretical flexibility that is needed to consider and approach each situation and key group for their unique characteristics and needs.
- We are now in the era of behavioral and social impact communication. In fact, several US and international models and agendas support the importance of a behavioral and social change–driven mind-set in developing health communication interventions.
- Health communication is an evolving discipline that should always incorporate lessons learned and practical experiences. Practitioners should take an important role in defining theories and models to inform new directions in health communication.
- It is important to be aware of key features and limitations of health communication (and more specifically what communication can and cannot do).
- Health communication relies on several action areas.
- Well-designed programs are the result of an integrated blend of different areas that should be selected in light of expected behavioral and social outcomes.

FOR DISCUSSION AND PRACTICE

1. Did you have any preliminary idea about the definition and role of health communication prior to reading this chapter? If yes, how does it compare to what you have learned in this chapter?
2. In your opinion, what are the two most important defining features of health communication and why? How do they relate to the other key characteristics of health communication that are discussed in this chapter?
3. Can you recall a personal experience in which a health communication program, message, or health-related encounter (for example, a physician visit) has influenced your decisions or perceptions about a specific health issue? Describe the experience and emphasize key factors that affected your decision and health behavior.
4. Did you ever participate in the development or implementation of a health communication intervention? If yes, what were some of the key learnings and how do they relate to the attributes of health communication as described in this chapter?
5. Can you think of examples of health communication interventions that seek to benefit and address the needs of vulnerable and underserved groups in your neighborhood, community, city, and country? If yes, did you observe any results or impact among these groups?

KEY TERMS

audience analysis	health equity
audience profile	intended audiences
channels	key groups
communication channels	program outcomes
communication objectives	situation analysis
communication strategies	social determinants of health
communication vehicles	stakeholders
community development	underserved populations
health communication	vulnerable populations
health disparities	