Chapter One

What Is Health Communication?

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Health communication is an evolving and increasingly prominent field in both public health and the nonprofit and commercial 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 and supporting individuals, communities, health care professionals, policymakers, or special groups to adopt and sustain a behavioral practice or a social or policy change that will ultimately improve health outcomes.

Understanding the true meaning of health communication and establishing the right context for its implementation may help

communication managers and other health care professionals identify early on the training needs of staff and others who are involved in the communication process. It will also help create the right organizational mind-set and capability that should lead to a successful use of communication approaches to reach audience-specific goals.

This chapter sets the stage to discuss current health communication contexts. It also positions the importance of health communication in public health as well as in the private sector. Finally, it describes key elements, action areas, and limitations of the health communication approach.

DEFINING HEALTH COMMUNICATION

There are several definitions of health communication. For the most part, all of them point to a similar role of this approach in the process of advocating for and improving individual or public health outcomes. 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: English, North America).

In fact, all of these meanings can help define the modalities of well-designed health communication programs. 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** (all audiences the

health communication program is seeking to influence and engage in the communication process; also referred to as *target audiences*). Finally, **communication channels** (the means or path used to reach intended audiences with health communication messages and materials, such as the mass media) and messages are the "connecting doors" that allow health communication interventions to reach intended audiences.

Communication has its roots in people's need to share and transmit 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, or friendliness, among others.

Health Communication Defined

One of the key objectives of health communication is to influence individuals and communities. The goal is admirable since health communication aims to improve health outcomes by sharing 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" (2001;

U.S. Department of Health and Human Services, 2005). 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" (U.S. Department of Health and Human Services, 2005, p. 11-2).

Another important role of communication is to create a receptive and favorable environment in which information can be shared, understood, absorbed, and discussed by the program's intended audiences. This requires an in-depth understanding of the needs, beliefs, taboos, attitudes, lifestyle, and social norms of all key communication audiences. 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, while the colleague or recent acquaintance might be offended. In communication, understanding the context of the communication effort is interdependent with becoming familiar with target 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 health care, is a long-term strategic process. It requires a true understanding of target audiences as well as the communicator's willingness and ability to adapt and redefine the goals, strategies, and activities of communication on the basis of audience feedback.

Health communication interventions have been successfully used for many years by nonprofit organizations, the commercial sector, and others to advance public, corporate, or product-related goals in relation to health. As many authors have noted, health communication draws from numerous disciplines, including health education, mass and speech communication, marketing, social marketing, psychology, anthropology, and sociology (Bernhardt, 2004; Institute of Medicine, 2003; World Health Organization, 2003). It relies on different communication activities or action areas, in-

cluding interpersonal communications, public relations, public advocacy, community mobilization, and professional communications (World Health Organization, 2003; Bernhardt, 2004).

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 target audiences," "exchanging information," and "changing behaviors," 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 programs or campaigns 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 audiences 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 following new definition emerges:

Health communication is a multifaceted and multidisciplinary approach to reach different audiences and share health-related information with the goal of influencing, engaging, and supporting individuals, communities, health professionals, special groups, policymakers and the public to champion, introduce, adopt, or sustain a behavior, practice, or policy that will ultimately improve 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 (U.S. Department of Health and Human Services, 2005; Bernhardt, 2004). It is a comprehensive approach that relies on the full understanding and involvement of its target audiences.

TABLE 1.1. HEALTH COMMUNICATION DEFINITIONS

Key Words	*Definitions*
To inform and influence (individual and community) decisions	"Health communication is a key strategy to *inform* the public about health concerns and to maintain important health issues on the public agenda" (New South Wales Department of Health, Australia, 2006).
	"The study or use of communication strategies to *inform and influence* individual and community decisions that enhance health" (CDC, 2001; U.S. Department of Health and Human Services, 2005).
	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 *inform and influence* [italics added throughout table] individual and community decisions that enhance health" (Freimuth, Linnan, and Potter, 2000, p. 338; Freimuth, Cole, and Kirby, 2000, p. 475).
	"Health communication is a process for the development and diffusion of messages to specific audiences in order to *influence* their knowledge, attitudes and beliefs in favor of healthy behavioral choices" (Exchange, 2006; Smith and Hornik, 1999).
	"Health communication is the use of communication techniques and technologies to (positively) *influence* 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).
Motivating individuals	"The art and technique of informing, influencing and *motivating* individual,

Table 1.1. Health Communication Definitions, Cont'd.

Key Words	*Definitions*
	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).
	"Effective health communication is the art and technique of *informing, influencing, and motivating* individuals, institutions, and large public audiences about important health issues based on sound scientific and ethical considerations" (Tufts University Student Services, 2006).
Change behaviors	"Health communication, like health education, is an approach which attempts to *change a set of behaviors* in a large-scale target audience regarding a specific problem in a predefined period of time" (Clift and Freimuth, 1995, p. 68).
Increase knowledge and understanding of health-related issues	"The goal of health communication is to *increase knowledge and understanding* of health-related issues and to improve the health status of the intended audience" (Muturi, 2005, p. 78).
	"Communication means a process of *creating understanding* as the basis for development. It places emphasis on people interaction" (Agunga, 1997, p. 225).
Empowers people	"Communication *empowers* people by providing them with knowledge and understanding about specific health problems and interventions" (Muturi, 2005, p. 81).
Exchange, interchange of information, two-way dialogue	"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

Table 1.1. Health Communication Definitions, Cont'd.

Key Words	*Definitions*
	footing, leading to improved understanding, shared knowledge, greater consensus, and identification of possible effective action" (Exchange, 2005).
	"Health communication is the scientific development, strategic dissemination, and critical evaluation of relevant, accurate, accessible, and understandable health *information communicated to and from intended audiences* to advance the health of the public" (Bernhardt, 2004, p. 2051).

Health communication theory draws on a number of additional disciplines and models. Health communication and its theoretical basis have evolved and changed in the past fifty years (Piotrow, Kincaid, Rimon, and Rinehart, 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 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 **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):

> 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 training. 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, as well as other learning and training opportunities, including in-service training and continuing professional education.

Health communication can reach its highest potential when it is discussed and applied within a team-oriented context that includes many other health care and public health professionals. Teamwork and mutual agreement on 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 bullet that can address health issues. Health communication is an evolving discipline and should always seek to incorporate lessons learned as well to 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 and management.

Table 1.2 lists the key elements of health communication, which are further analyzed below.

AUDIENCE CENTERED

Health communication is a long-term process that begins and ends with the audience's desires and needs. In health communication, the audience is not merely a target (even if this terminology is very well established and used by practitioners around the world) but an active participant in the process of analyzing the health issue and finding culturally appropriate and cost-effective solutions. It is a common practice in health communication not only to research intended audiences and other key constituencies but also to strive to engage them in defining and implementing key strategies and activities. This is often accomplished by working together with organizations and leaders who represent them. For example, if a health communication program aims to reach breast cancer survivors, all strategies and key program elements should be designed, discussed, tested, and implemented together with membership organizations, patient groups, leaders, and audience samples representing this target audience. Most important, these audiences 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.

TABLE 1.2. KEY CHARACTERISTICS OF HEALTH COMMUNICATION

Audience-centered
Research-based
Multidisciplinary
Strategic
Process oriented
Cost-effective
Creative in support of strategy
Audience and media specific
Relationship building
Aimed at behavioral or social change

Research Based

Health communication is grounded in research. Successful health communication programs are based on a true understanding not only of the intended audience but also of the situational environment. This includes existing programs and lessons learned, policies, social norms, key issues, and obstacles in addressing the specific health problem.

The overall premise of health communication is that behavioral change is conditioned by the environment in which people live, as well as by those who influence them. Creating a receptive environment in which the target audience can discuss a health issue and be supported in its intention to change by key influentials (for example, family members, health care providers) is often one of the aims of health communication programs. This requires a comprehensive research approach that relies primarily on traditional research techniques for the formal development of a **situation analysis** (a planning term that describes the analysis of individual, social, political, and behavior-related factors that can affect attitudes, behaviors, social norms, and policies about a health issue) and **audience profile** (a comprehensive, research-based, and strategic description of all key audiences' characteristics, demographics, needs, values, attitudes, and behavior). Situation analysis and audience profile are fundamental and interrelated steps of health communication planning (the audience profile is described in this book as a component of the situation analysis) and are described in detail in Chapter Ten.

Multidisciplinary

Health communication is "transdisciplinary in nature" (Bernhardt, 2004, p. 2051; Institute of Medicine, 2003) and draws on multiple disciplines (Bernhardt, 2004; World Health Organization, 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, and behavioral and social change theories (see Chapter Two for a comprehensive discussion of key theories and models). It draws on

principles successfully used in the private and commercial sectors and also on the audience-centered approach of other disciplines, such as psychology, sociology, and anthropology (World Health Organization, 2003). It is not anchored to a single specific theory or model. With the audience 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 people's 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) today, 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].

However, even in the context of strategic behavior communications, many of the theoretical approaches of the different eras of health communication still find a use in program planning or execution. For example, the situation analysis of a health communication program uses primarily commercial and social marketing tools and models (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** (individuals and groups who have an interest or share responsibilities in a given health issue), keeping in mind McGuire's communication for persuasion steps (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 their audiences and always on the lookout for

the best approach and planning framework to influence people's core beliefs and behaviors and engage them in the communication process. In concert with the other features previously discussed, it also enables the overall communication process to be truly fluid and suited to respond to audiences' 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, a publication by the U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute (2002), points to the importance of selecting planning frameworks that "can help [communicators] identify the social sciences theories most appropriate for understanding the problem and the situation" (p. 218). These theories, models, and constructs include several theoretical concepts and frameworks (see Chapter Two) that are also used in motivating change at an individual level, interpersonal level, or organizational, community, and societal level (National Cancer Institute, 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 approach 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 again the

example of Bonnie, the 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 research 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 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; and (3) providers lack adequate tools to talk about this topic with patients in a time-effective and efficient manner.

Communication strategies (the overall approach that is used to accomplish the communication objectives) need to be research based, and all activities should serve such strategies. Therefore, program planners should not rely on any workshop, press release, brochure, video, or anything else to provide effective communication without making sure that their content and format reflect the selected approach (the strategy) and is a priority in reaching the audience's heart. 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 target audiences and their environments and aims at building consensus among audience members about the potential plan of action.

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

In health communication, educating target audiences about health issues and ways to address them is only the first step of a long-term, audience-centered process. This process often requires theoretical flexibility to accommodate the needs of interested groups and audiences.

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. Moreover, health communication aims at improving health outcomes and in the process help advance public health goals or create market share (depending on whether health communication strategies are used for nonprofit or for-profit goals). Finally, health communication cannot focus only on channels, messages, and tools. It also should be process oriented and attempt to persuade, 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 infrastructures. These solutions usually emerge after months of discussion with local community leaders and organizations, government officials, and members of target audiences. Word of mouth and the ability of the community leaders to engage members of their 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. Since 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 in spite of 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.

Involving Maria's community leaders in the communication process that would lead to a change in her habits requires a 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 widespread 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 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. Nevertheless, concerns related to cost-effectiveness should never prompt a significant reduction of the program's objectives unless resources are not adequate to support all of them. Communicators should use their funds as long as they are well spent and advance their research-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 since it allows them to consider multiple options, formats, and channels to reach target audiences. 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 change goals if they do not respond to a strategic need identified by marketing and audience-specific research and endorsed by key stakeholders from target groups. Too often communication programs and resources fail to make an impact because of this common mistake.

For example, providing a brochure to a target audience on how to use insecticide-treated nets (ITNs) makes sense only if the audience 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 members of target communities 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 before talking about the use of ITNs and potential reasons to use them instead of other protection measures. The communicator's creativity should come into play by devising the most suitable and culturally friendly tools to engage intended groups in the process of changing their behaviors, beliefs, and attitudes toward the disease and its prevention. However, creativity should never be used to develop and implement great, sensational, or innovative ideas that do not respond to actual needs and strategic priorities.

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 U.S. postal workers in the U.S. Postal Service facility in Washington, D.C., and other parts of the country, to anthrax. Two workers in the Washington facility died as a result of inhalation anthrax (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 U.S. 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, 2002)—in other words, using the same message and strategic approach for all audiences—led to feelings of being left out among postal workers, who in the Brentwood facility in Washington, D.C., 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 audience specific and tailored to channels allowing the most effective reach to target audiences. Since it is very likely that communication efforts always aim at producing multiple audience-appropriate behaviors, the one message–one behavior approach should be avoided (UCLA, 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 target 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 seeking social or behavioral change at the individual and community levels. Good relationships should be established with key stakeholders and representatives of target audiences, health organizations, governments, and many other critical members of the extended health communication team. (A detailed discussion of the dos and don'ts of successful partnerships and relationship building efforts is included in Chapters Eight and Twelve.)

Aimed at Behavioral and Social Change

Today we are in the "era of strategic behavior communications" (Piotrow and others, 2003, p. 2). Although the ultimate goal of health communication has always been influencing behaviors and social norms, there is a renewed emphasis on the importance of establishing behavioral and social objectives early 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? Want local legislators to support a stricter law on the use of infant car seats? Create an environment of peer-to-peer support designed to discourage adolescents from initiating smoking? 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) support the importance of behavioral or social change as key indicators for

success, these two parameters are actually interconnected. In fact, social change typically takes place as the result of a series of behavioral changes at the individual, group, or community level.

THE ROLE OF HEALTH COMMUNICATION IN THE MARKETING MIX

Health communication strategies are extensively used in the commercial and nonprofit sectors to support and motivate behavioral change, product adoption, or the endorsement of a health issue or cause. 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 all of these models and tools that position the audience at the center of any 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).

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.

Figure 1.1 also reflects some of the key principles of marketing models as well as the socioecological model (Morris, 1975) and

Figure 1.1. Health Communication Environment

other theoretical models (VanLeeuwen, Waltner-Toews, Abernathy, and Smit, 1999) that are used in public health to show the connection and influence of different factors (individual, interpersonal, community, organizational, and public policy) on individual, group, and community behavior as well as to understand the process that may lead to behavioral and social change.

Health Communication in Public Health

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 has been used only marginally in public health. It has been perceived more as a skill than a discipline and confined to the mere dissemination of scientific and medical findings by public health professionals (Bernhardt, 2004).

Fortunately, most public health organizations and leaders (Freimuth, Cole, and Kirby, 2000; U.S. Department of Health and Human Services, 2005; Institute of Medicine, 2003; Bernhardt, 2004; National Cancer Institute and National Institutes of Health, 2002; Piotrow and others, 1997) now 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 communications, professional medical communications, and public relations).

As defined by *Healthy People 2010* (U.S. Department of Health and Human Services, 2005), the U.S. 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, 1994). Health communication "links the domains of communication and health" (p. 11–3) and is increasingly regarded as a science (Freimuth and others, 2000), of great importance in public health, especially in the era of emerging infectious diseases, global threats, bioterrorism, and a new emphasis on a preventive and patient-centered approach to health.

OVERVIEW OF KEY COMMUNICATION AREAS

Global health communication is a term increasingly used to include different communication approaches and action areas, such as interpersonal communications, 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 (World Health Organization, 2003; O'Sullivan, Yonkler, Morgan, and Merritt, 2003; Health Communication Partnership, 2005e). Long-term results can be achieved only through a participatory process that involves all interested audiences and uses all culturally appropriate action areas and communication channels. Remember that there is no magic bullet 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 normally used in health communication and are described in detail in the topic-specific chapters in Part Two:

- *Interpersonal communications,* which uses interpersonal channels (for example, one-on-one or group meetings) and is based on active listening, social and behavioral theories, and the ability to relate to and identify with the audience's needs and cultural preferences and efficiently addressing them. This includes "personal selling and counseling" (World Health Organization, 2003, p. 2), which takes place during one-on-one encounters with members of interested audiences 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 (U.S. Department of Health and Human Services, 2005) and should aim at improving health outcomes by optimizing the relationships between providers and their patients.
- *Public relations, public advocacy, and government relations,* which relies on the skillful use of culturally competent and audience-appropriate mass media, as well as other communication channels to place a health issue on the public agenda, advocate for its solutions, or highlight the importance that the government and other key stakeholders take action.
- *Community mobilization,* a bottom-up and participatory process. By using multiple communication channels, community mobilization seeks to involve community leaders and the community at large in addressing a health issue, becoming part of the key steps to behavioral or social change, or practicing a desired behavior.
- *Professional medical communications,* a peer-to-peer approach targeting health care professionals that, among others, 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.

- *Constituency relations,* a critical component of all other areas of health communication as well as a communication area of its own. Constituency relations refer 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.

WHAT HEALTH COMMUNICATION CAN AND CANNOT DO

Health communication cannot work in a vacuum and is normally a critical component of larger public health 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 and 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 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, access to existing treatments or 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 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 U.S. National Cancer Institute

(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 on different aspects of public health, and health care in general, is important to take full advantage of the contribution of this emerging field to health outcomes as well as to set realistic expectations on what can be accomplished among team members, program partners, intended audiences, and other key stakeholders. Table 1.3 lists what health communication can and cannot do.

TABLE 1.3. WHAT HEALTH COMMUNICATION CAN AND CANNOT DO

Health Communication Can Help. . .	*Health Communication Cannot. . .*
Raise awareness of health issues to drive policy or practice changes.	Work in a vacuum, independent from other larger public health or marketing interventions.
Secure stakeholder endorsement of health issues.	Replace the lack of local infrastructure or capability.
"Influence perceptions, beliefs and attitudes that may change social norms" (NCI, 2002, p. 3).	Compensate for the absence of adequate treatment or diagnostic or preventative options.
Promote data and emerging issues to establish new standards of care.	"Be equally effective in addressing all issues or relaying all messages", at least in the same time frame (NCI, 2002, p. 3).
"Increase demand for health services" (NCI, 2002, p. 3) and products.	
Show benefits of behavior change.	
"Demonstrate healthy skills" (NCI, 2002, p. 3).	
Provoke public discussion to drive disease diagnosis, treatment, or prevention.	
Suggest and "prompt action" (NCI, 2002, p. 3).	
Build constituencies to support health practice changes.	
Support the need for additional funds for medical and scientific discovery.	
Advocate for equal access to existing health products and services.	
Create a climate of receptivity for new health services or products.	
Strengthen third-party relationships.	
Improve provider-patient relationships, and ultimately, patient compliance and outcomes.	

KEY CONCEPTS

- Health communication is a multifaceted and multidisciplinary approach to reach different audiences and share health-related information with the goal of influencing, engaging, and supporting individuals, communities, health professionals, special groups, policymakers, and the public to champion, introduce, adopt, or sustain a behavior, practice, or policy that will ultimately improve health outcomes.
- Health communication is an increasingly prominent field in public health, as well as in the private sector (both nonprofit and commercial).
- One of the key characteristics of health communication is its multidisciplinary nature, which allows the theoretical flexibility that is needed to consider each situation and audience for their unique characteristics and needs and select the best approach and planning framework to reach out to people and involve them in the health issue and its solutions.
- Health communication is an evolving discipline that should always incorporate lessons learned and practical experiences. Practitioners should have a key role in defining theories and models to inform health communication planning and management.
- 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 the 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 campaign? 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?