

An Introduction to Health Communication

A Knowledge to Practice Program



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Learning Objectives

By the end of this tutorial, you will:

- Be able to define health communication
- Understand the different components of communication and how they interact
- Have the knowledge to plan a health communication program
- Have the skills to use tailoring and framing in health communication
- Be aware of the challenges associated with health communication

Outline

Throughout this tutorial, you will cover the following topics:

- Defining health communication
- Healthy People 2020
- The P-Process for health communication
- Tailoring and framing messages



So what is health communication?

Health communication is the art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues.

Key words...



Informing



Influencing



Motivating

**Health communication can be done
interpersonally or with a mass
audience.**



Doctor: Have you considered breastfeeding your child?

Patient: No, I haven't. Can you tell me more about it, please?

Interpersonal health communication might take place between a health care provider and a patient.



On the other hand, mass health communication typically uses multiple channels to reach as many people as possible.

Television

Radio

Billboards

Newspapers

Social Media



Over time, there have been many models of communication.



But most of them comprise of these four components:

SOURCE

- The person who encodes the message and sends it to the receiver

MESSAGE

- The package of meaning that contains the intent from the source

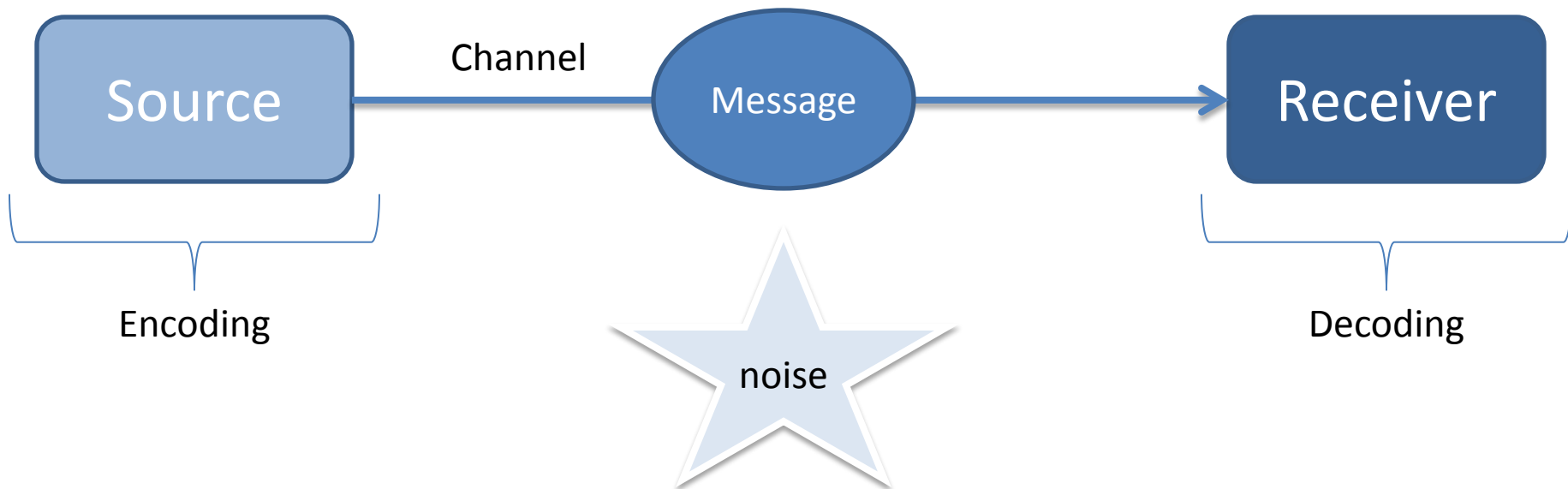
CHANNEL

- The medium through which the message is transmitted (face-to-face, television, radio, newspaper, etc.)

RECEIVER

- The person at the other end of the channel who will decode the message and create their own meaning

One should carefully consider each component because they determine the effectiveness of your health communication.


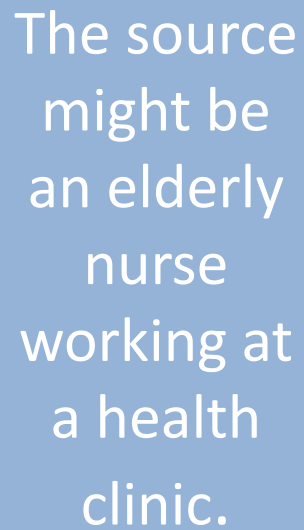


For example, let's think about how each of these components plays a role if you are trying to promote breastfeeding through interpersonal communication.

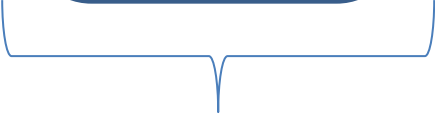
The source
might be
an elderly
nurse
working at
a health
clinic.

The source might encode
the message based on
the belief that if the
receiver only knew the
health benefits of
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The channel might be through face-to-face
communication at a busy health clinic.



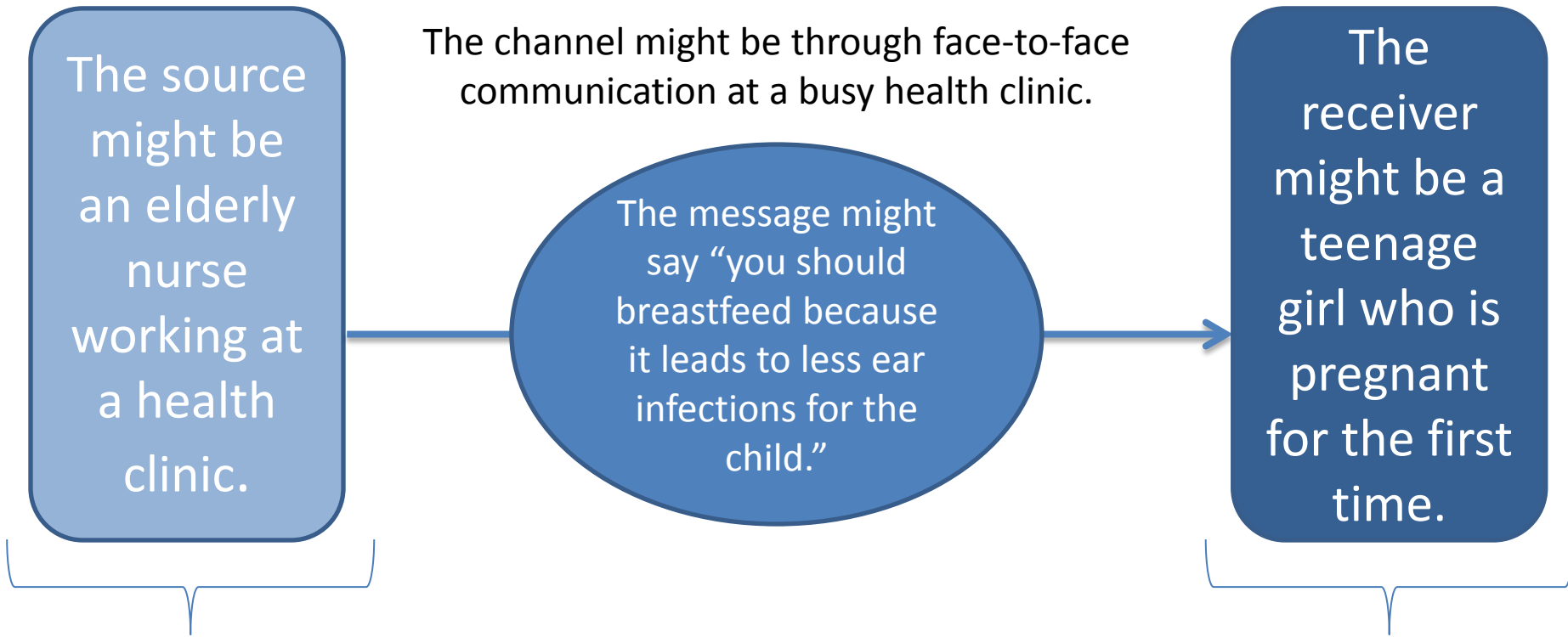
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The channel might be through face-to-face communication at a busy health clinic.


The message might say "you should breastfeed because it leads to less ear infections for the child."

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The source might encode the message based on the belief that if the receiver only knew the health benefits of breastfeeding, then she would breastfeed.

The receiver might decode the message based on her values and whether or not she believes breastfeeding is a social norm.



The source might be an elderly nurse working at a health clinic.


The channel might be through face-to-face communication at a busy health clinic.

The message might say “you should breastfeed because it leads to less ear infections for the child.”



The receiver might be a teenage girl who is pregnant for the first time.

The source might encode the message based on the belief that if the receiver only knew the health benefits of breastfeeding, then she would breastfeed.



There also might be a lot of background “noise,” which could be any type of distraction (babies crying in the waiting room, the room being too cold, the smell of someone’s lunch, etc.)

The receiver might decode the message based on her values and whether or not she believes breastfeeding is a social norm.



Things to ask yourself...



Is the **source** a credible/reliable person?



Does the **channel** reach the receiver through multiple senses?



Is the **message** clear?



How will the **receiver's** values and beliefs affect the way she interprets the message?

**Improving interpersonal health
communication is even a
Healthy People 2020 objective.**



Health Communication/Health Information Technology (HC/HIT) Objective #2:

Increase the proportion of persons who report that their health care providers have satisfactory communication skills

Some other objectives include:

HC/HIT 3: Increase the proportion of persons who report that their health care providers always involved them in decisions about their health care as much as they wanted

HC/HIT 4: Increase the proportion of patients whose doctor recommends personalized health information resources to manage their health

HC/HIT 7: Increase the proportion of adults who report having friends or family members whom they talk with about their health

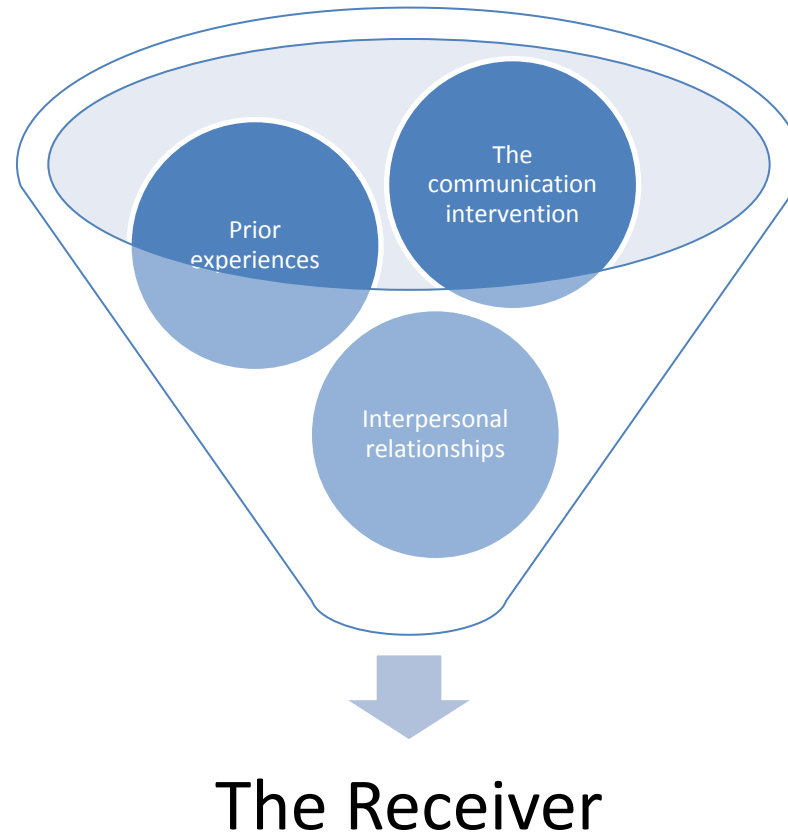
HC/HIT 8: Increase the proportion of quality, health-related Websites

HC/HIT 9: Increase the proportion of online health information seekers who report easily accessing health information

The following three considerations will help you better understand how a health communication intervention works.

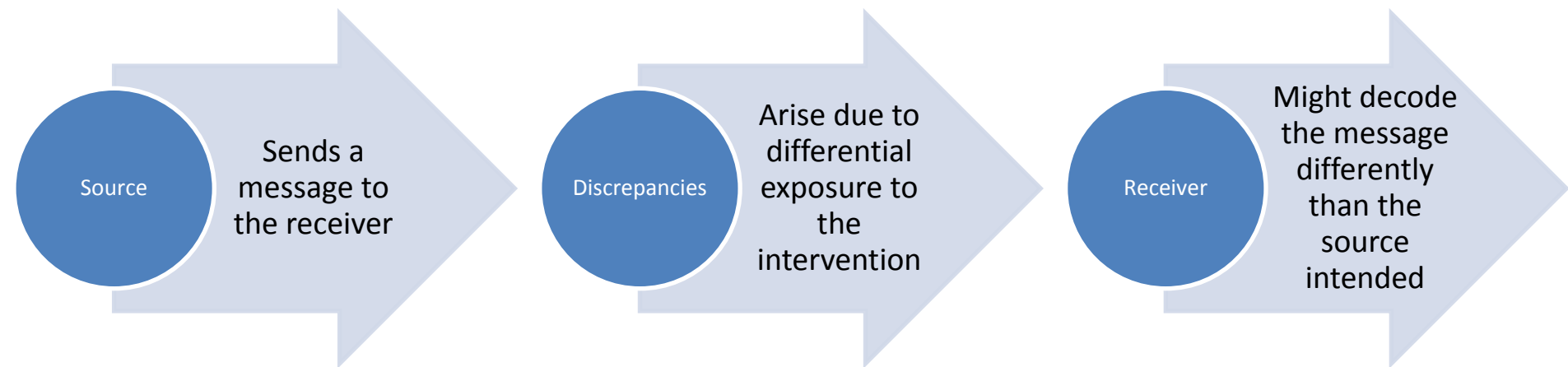


#1 Communication interventions do not fall into a social vacuum



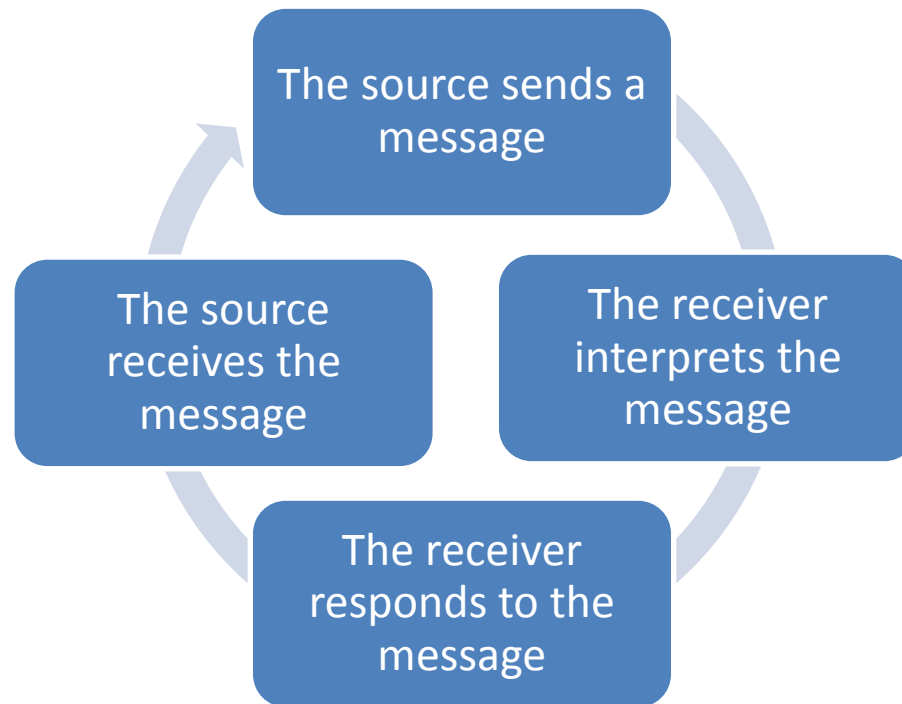


#2 It is reasonable to expect discrepancies between the message that is sent and the message that is received





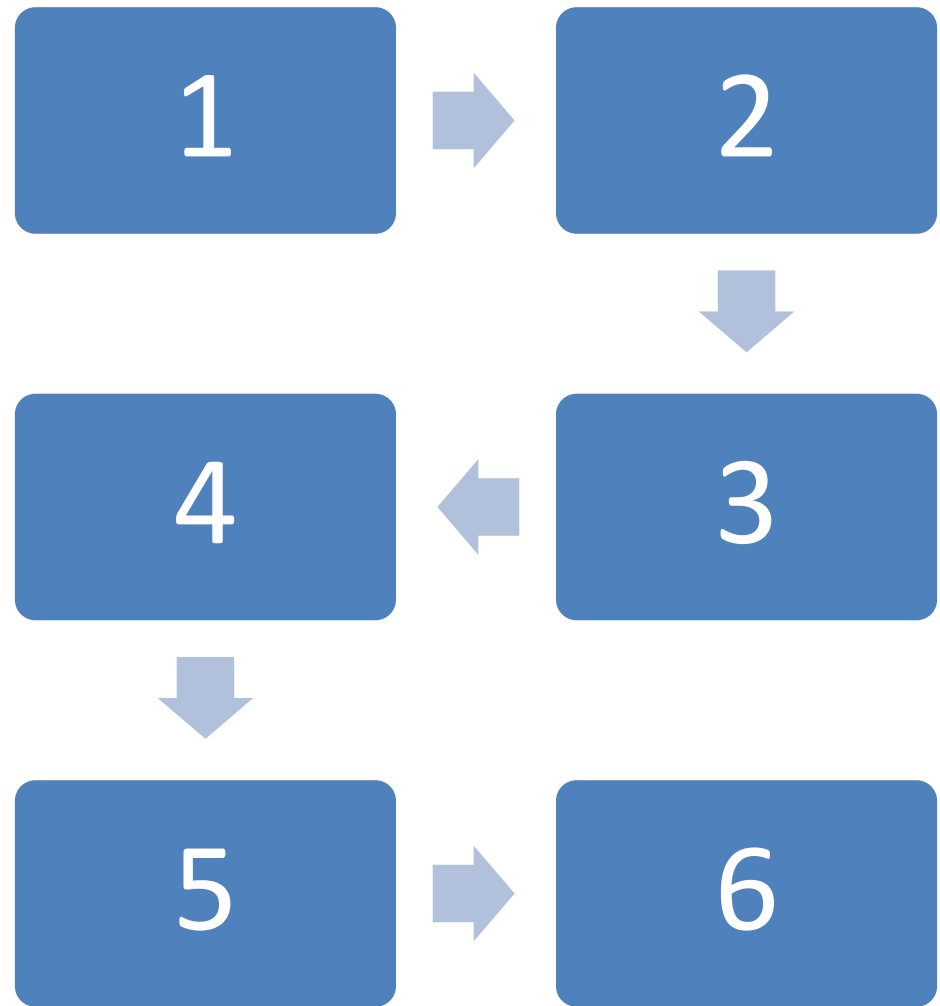
#3 Communication is a dynamic process in which sources and receivers of information continuously interchange their roles

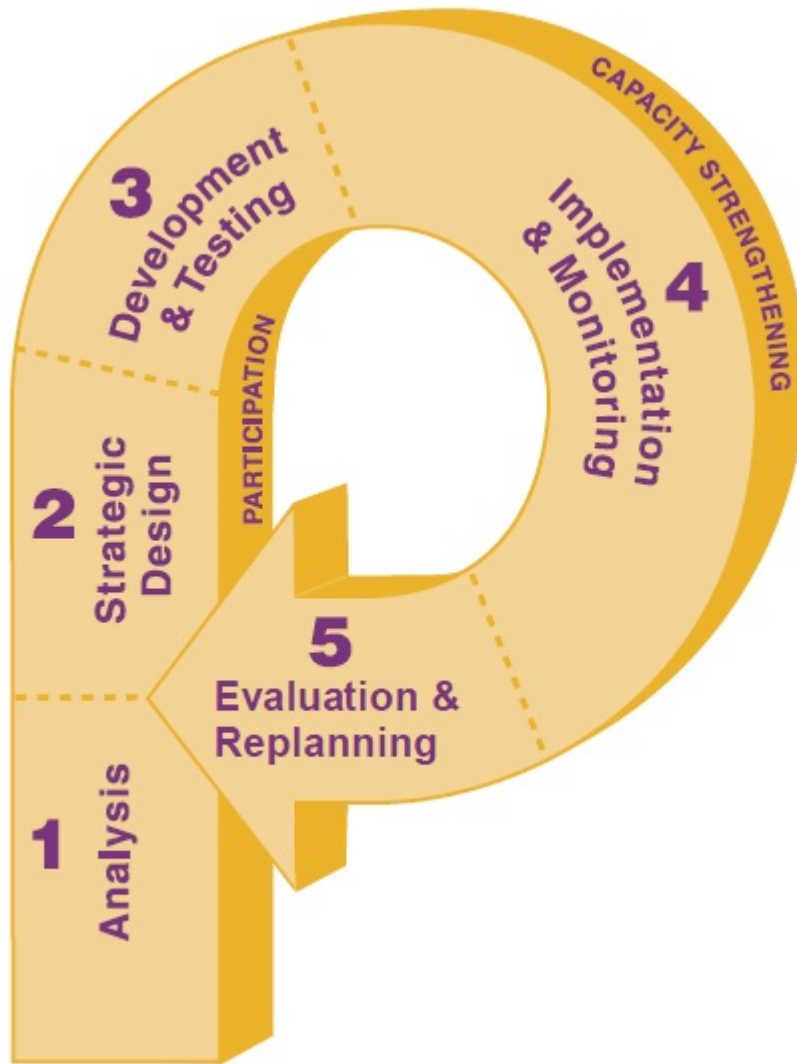


Now that you know the basic components of communication, how can you use this knowledge to plan a mass health communication program?

First, you have to understand that effective health communication does not just *happen* ...

It takes a **process**.





This is the P-Process.

This step-by-step road map leads communication professionals from a loosely defined concept about changing behavior to a strategic and participatory program with a measurable impact on the intended audience.

Let's take a closer look at each step.



Analysis is the first step in developing effective communication programs, but this step does not need to be long and detailed if the program is built upon well-documented past experiences. This step involves a situation analysis and an audience/communication analysis.

Situation Analysis Steps:

- Determine severity and causes of problems
- Identify factors inhibiting or facilitating desired change
- Develop a problem statement
- Carry out formative research

Audience/Communication Analysis Steps:

- Conduct a participation analysis
- Carry out a social and behavioral analysis
- Assess communication and training needs



Every communication program or project needs a **strategic design**.

Strategic Design Steps:

- Establish communication objectives
- Develop program approaches and positioning
- Determine channels
- Draw up an implementation plan
- Develop a monitoring and evaluation plan



STEP 3

DEVELOPMENT & TESTING

Development & Testing of concepts, materials, messages, stories, and participatory processes combines science and art. These not only must be guided by the analysis and strategic design in Steps 1 and 2, but also must be creative to evoke emotion that motivates audiences.

Development & Testing Steps:

- Develop
- Test
- Revise
- Retest



STEP 4

IMPLEMENTATION & MONITORING

Implementation emphasizes maximum participation, flexibility, and training.
Monitoring involves tracking outputs to be sure that all activities take place as planned and potential problems are promptly addressed.

Implementation & Monitoring Steps:

- Produce and disseminate
- Train trainers and field workers
- Mobilize key participants
- Manage and monitor program
- Adjust program based on monitoring



STEP 5

EVALUATION & REPLANNING

Evaluation measures how well a program achieves its objectives. It can explain why a program is effective (or not), including the effects of different activities on different audiences. Sound program evaluation stimulates program improvements and redesign, guides cost-effective future funding allocations, and supports advocacy and fundraising.

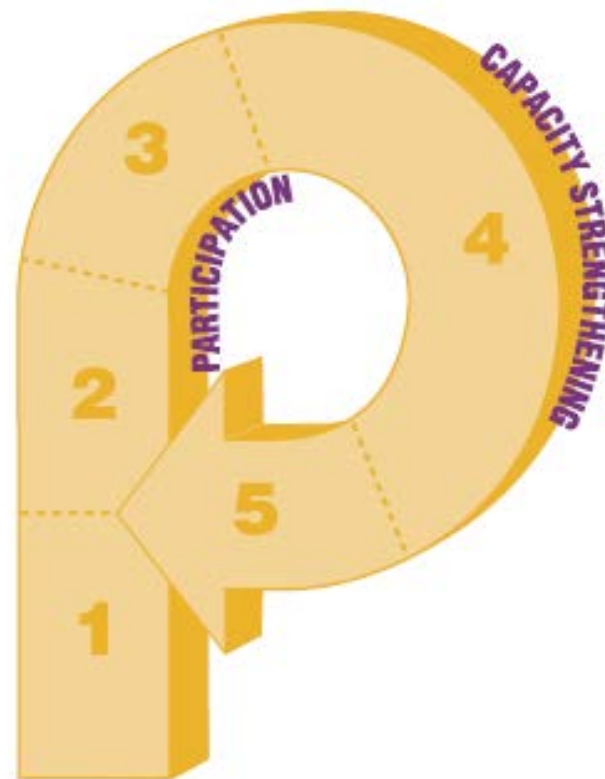
Evaluation & Replanning Steps:

- Measure outcomes and assess impact
- Disseminate results
- Determine future needs
- Revise/redesign program

Throughout the process, be sure to include...

Participation: A strong communication program should fully engage multiple stakeholders at the national, district, and community level.

Capacity Strengthening: A successful plan always considers ways to build capacity at the institutional and community level.



**So let's look a little more at message
development
(Step 3 of the P-Process).**

One way to develop a message is to use tailoring and framing.

Tailoring

Uses information about an individual that is gathered during analysis

Tailors messages to be more personally relevant to the target audience

Framing

Involves highlighting either the gains or losses anticipated if the individual adopts a new behavior

The information should still be factually equivalent

For example, take a look at this message about breastfeeding from the *Be a Star* Campaign.

SHE'S NOT
A MODEL.
SHE'S A STAR

Look at my girlfriend - she's gorgeous.

Just when I thought I couldn't love her any more, our son arrived and I fell even deeper. By choosing to breastfeed, she's protecting him against ear infections whilst burning up to 500 calories a day.

That's my girlfriend feeding our baby. She's not a celebrity, singer or a model - she's a star.



beastar.org.uk

Research shows that young mothers look up to famous celebrities. This campaign **tailors** its messaging to the increasing number of young moms who breastfeed by showcasing the beauty, confidence, and pride that comes with breastfeeding and by making the choice to breastfeed appear glamorous.

Staring Chlöe, 25, Swinton

NHS
Salford

**Now, take a look at these messages
about breastfeeding from the
Every Ounce Counts Campaign.**



These messages are **framed** in a way so that they highlight the benefits of breastfeeding. Gain-framed messages are thought to be best for the promotion of preventative health behaviors, such as breastfeeding.

**But be aware of these three
communication challenges...**

Challenge #1

- The evaluation of communication interventions, especially those using national mass media (e.g. radio), does not usually lend itself to randomized trial.

Challenge #2

- The recognition among behavioral scientists – that causes of human behavior reside at multiple levels that reinforce each other – poses difficulties in designing and testing multilevel interventions.

Challenge #3

- Because of the rapidly changing communication channels, health communication interventions need to make extra efforts to meet their audiences at their level of technology use.

Conclusion

- Health communication is a dynamic process in which the source, message, channel, and receiver must be carefully selected
- The interpretation of messages is often influenced by outside factors such as previous experiences or social norms
- Using a tool like the P-Process will help you thoughtfully plan out a health communication intervention