

# 7. Health Communication

**Goal:**

Use communication strategically to improve and protect health.

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Health Communication Goal for 2010: Use communication strategically to improve and protect health.					
	Indicator	Alaska Data Source	U.S. Baseline	Alaska Baseline	Healthy Alaska Target 2010
1	Increase the proportion of households with access to the Internet at home.	US Census 2000 Current Population Survey (CPS) NTIA (1998)	26%	44%	80%
2	Increase the proportion of households with access to a telephone.	US Census 2000 Current Population Survey (CPS) NTIA (1998)	94% (1997)	96%	100%
3	Increase the number of health care providers and community sites that have access to internet services with 56K bandwidth or higher.	ASMA AFHCAN/ ANTHC DHSS; AKPCA		Developmental	
4	Ensure access to current health information including Alaska-focused websites such as AHELP (Alaska Health Education Library Project) that have easily understood, culturally relevant, reliable health information for providers and consumers.	Special Survey	Developmental	AHELP AKInfo	Websites are maintained
5	Increase the number of practicing health educators working in health care facilities and programs.	Alaska Center for Rural Health		38 (2000)	60
6	Increase the proportion of persons who report that their health care providers have satisfactory communication skills.	BRFSS (potential)	Developmental	Developmental	
7	Ensure that an effective Health Alert Network serves the entire State, and is maintained.	DHSS		Health Alert Network has been initiated	Health Alert Network is maintained
8	Ensure that curricula for public health professionals and allied health workers, from basic training through continuing education and distance learning, include instruction in health communication and information technologies.	Special surveys of training programs		Developmental	

**NTIA** - National Telecommunications and Information Administration

**ASMA** - Alaska State Medical Association

**AFHCAN** - Alaska Federal Health Care Access Network

**AKPCA** - Alaska Primary Care Association

**BRFSS** - Alaska Behavioral Risk Factor Surveillance System. All US BRFSS data are age-adjusted to the 2000 population; the Alaska BRFSS data have not been age adjusted, so direct comparisons are not advised. See Technical Notes.

**DHSS** - Alaska Department of Health and Social Services

### Overview

Health communication is “the art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues.” The basic tenants of effective health communication are “accuracy, availability, balance (between risks and benefits), consistency, cultural competence, evidence-based, within reach, reliable, repetitive, timely, and understandable.”<sup>1</sup> Health communication is a tool that can improve individual and public health.<sup>2</sup>

For individuals, effective health communication can help raise awareness of health risks and solutions, provide the motivation and skills needed to reduce these risks, help identify support groups or services, and affect or reinforce attitudes. It can make available information to assist in making complex choices among services. For the community, health communication includes information about policies and programs, changes in the socioeconomic and physical environments, delivery of public health and health care services, and social norms that benefit health and quality of life.<sup>3</sup>

There are many channels for communicating about health, including patient education and counseling, health education (through education seminars and written materials), professional education and training, public education, and media campaigns (involving print, radio, television and billboard advertising). A variety of computer-based technologies, including interactive software and informational websites, are now available.

The rise in information technology has provided many opportunities and new challenges for communicating about health. Many health care organizations and public service agencies use the internet as one channel for information delivery. Access to the internet and subsequent technologies is becoming increasingly important to gain access to health information, contact health care organizations and health professionals, receive services at a distance, and participate in efforts to improve local and national health. Consumers have instant access to information that formerly was available only to medical professionals.

Although there is potential for interactive health communication systems to enhance health, there is also a concern about the poor quality of much of the

health information available on-line. One recent survey of health information on the internet found that searches with standard search engines were inefficient, and that coverage of key information on English and Spanish language web-sites was poor and inconsistent. The accuracy of the information was generally good, but required high reading levels (high school or greater) were required for comprehension.<sup>4</sup>

Nationally, efforts are underway to create a “seal of approval” for health information sites and sources to help users consider the reliability of the sources. Because of the potentially sensitive nature of health-related uses of the Internet, access at home is often preferable. Internet availability in the home is one indicator of equitable access among population groups.

Health literacy is an essential skill in the 21<sup>st</sup> century. Health literacy is “the capacity to obtain, interpret, and understand basic health information and services, and the competence to use such information and services to enhance health.”<sup>1</sup>

One of the concerns related to the influence of technology on health information is that it may increase disparities in health and access to health care, both in our own country and in parts of the world that are not as technologically advanced. One solution is to improve access to technology. Another is to focus on the goal of promoting and improving health rather than the applications of technology.<sup>5</sup> Even the most carefully designed health communication programs will have limited impact if underserved communities lack access to crucial health professionals, services, and communication channels.<sup>1</sup>

Research indicates that even after targeted health communication interventions, low-education and low-income groups remain less knowledgeable and less likely to change behavior than higher education and income groups. Knowledge gaps that leave some people uninformed, and the disparity in access to electronic information resources (commonly referred to as the “digital divide”) continue to be problems in Alaska. The digital divide becomes more critical as the amount and variety of health resources available over the internet increase.

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### *Issues and Trends in Alaska*

Health messages disseminated through public education campaigns encourage healthy behaviors, create awareness, change attitudes, and motivate individuals to adopt recommended behaviors.<sup>6</sup> Health messages are shaped in the media in a variety of ways. Conventionally, public education campaigns have used print media, television and radio public service announcements, paid advertising, magazine and newspaper articles to get their messages out.

Several public education campaigns to promote good health have been implemented in Alaska. These include nutrition and physical activity messages contained in the 5 a DAY for Better Health (and 5 a DAY the Alaskan Way) and the 30 Active Minutes Every Day. The Alaska Mental Health Association sponsors Depression Screening Week/Month campaigns. The Alaska Native Tribal Health Consortium's Stop the Pop campaign focuses on the contribution of highly sugared soft drinks to dental caries, obesity, and diabetes, and Inform and Inspire 2000 promoted personal health and wellness for Alaska Natives. National campaigns include Never Shake a Baby, Back to Sleep and the Spirit of Youth campaigns.

The dilemma that health advocates face with social marketing campaigns and counter advertising is that there is never enough funding to compete with commercial advertising. Nonetheless, Alaskan tobacco prevention and control efforts have effectively used media advocacy techniques for grassroots campaigns to increase the tobacco tax and funding for tobacco prevention programs. The tobacco prevention and control program is also conducting a strategic anti-tobacco counter-advertising campaign in Alaska in 2001-2002.

Communication is a constant challenge in Alaska given the independent health systems, geographic distances between communities and programs, and high costs of travel. For these reasons, telehealth can be an important solution. Telehealth is defined as the use of electronic communications networks for the transmission of information and data focused on health promotion, disease prevention, diagnosis, consultation, education, and/or therapy, and the public's overall health including patient/community education and information.<sup>7</sup>

Health care provider organizations and the telecommunications industry are both working toward improved telecommunications infrastructure for the health care system and for the general population. The Alaska Telehealth Advisory Council includes representatives of interest groups to identify and address common issues.<sup>8</sup> The charge is as follows:

- Propose a framework for rational development and deployment of statewide capacity for telehealth/telemedicine systems.
- Establish core principles to ensure a coordinated, cost-effective, and integrated approach to telemedicine in Alaska.
- Consider ways to assess effectiveness, efficiency, and whether or not telemedicine is improving equity of access to health care services for all Alaskans. Recommend process for addressing issues as they emerge with changing technologies and practice patterns.

Patients rely heavily on their health care providers to guide them in taking care of their health. Appropriate information and communication with a provider can relieve patients' anxieties and help patients understand their choices, allow them to participate in informed decision-making, and permit them to manage their own health concerns. One on one communication skills are extremely important between health care providers and their patients as they influence the prevention, management, and treatment of health problems.

The U.S. Department of Health and Human Services released the National Standards for Culturally and Linguistically Appropriate Services in Health Care late in 2000.<sup>9</sup> The standards include staff training, recruitment of a diverse health care workforce, providing professional translation services, and forging partnerships with the community. These issues are particularly important in Alaska, with its large and diverse Alaska Native population and growing Asian and Hispanic communities.

Currently there are few health professionals in Alaska specializing in health communication skills, although health education specialists are required to show competency in this area. Training health professionals and patients in effective communication skills for clinical situations is one key area of health communication.

Health care providers reported 38 health education positions and five vacancies for health educators in a 2000 survey. They were rated "somewhat" to "very difficult" to recruit by 70 percent of the respondent organizations.<sup>10</sup>

Another key area is the training of health professionals in the design of effective health communication programs with regard to identifying audience, contexts, channels, content, and other strategies for use in the community. Skill development in the areas of social marketing, media advocacy, media literacy, message design, cultural competence, and risk communication are all-important. Alaskan health professionals have had opportunities to participate in social marketing, media advocacy, and media literacy training. Health professionals also need to know how to use information technology effectively for networking, communication, and access to health information and resources.

An estimated 64 percent of Alaskan households, the highest proportion in the nation, had Internet access in 2001.<sup>11</sup> At least 85 of the 105 headquarter and branch libraries in Alaska provided internet access for the public in 2002.

### *Current Strategies and Resources*

The University of Alaska Health Sciences Information Services (HSIS), Consortium Library at the University of Alaska Anchorage is the only public medical library in the state. In 1998, with funding from the National Library of Medicine, the Alaska Department of Health and Social Services, Division of Public Health (DPH) and the Health Sciences Information Services collaborated in a timely statewide program to train Public Health Nurses and other public health professionals in Internet Usage and Accessing Health Information On-line and other health resources. The purpose of the training was to increase awareness of national and state health information resources and services and to; train public health professional in the productive use of the Internet and state health information resources. New computers and/or additional phone lines to increase access to the Internet and other costs were covered for a small number of health center sites for one year. In addition training materials were produced and made available on diskette via the web and on CD-ROM.

The Alaska Federal Health Care Access Network (AFHCAN) is a multi-year effort funded through federal agency appropriations. It provides multimedia telemedicine capability to all 235 Federal/Tribal health care sites in Alaska and plans to develop a computer based patient education resource available to all participating clinics in Alaska via patient kiosks.

The Alaska Department of Corrections has pioneered the use of “off the shelf” telecommunications equipment to provide psychiatric consultation and staff supervision for remote prisons and the use of specially programmed and linked hand held computers for accurate and consistent behavioral health assessments.

The DPH, in cooperation with the Centers for Disease Control and Prevention, has created an on-line statewide clearinghouse of health promotion information and resources in a new comprehensive electronic database. This website ([www.ahelp.org](http://www.ahelp.org)) identifies health promotion information and resources within Alaska on programs, projects, materials, health educators, and more. It provides a mechanism for collecting, sharing, and distributing information to health professionals, including a listserv for over 100 health educators in Alaska. Information is organized under 17 topic areas, including tobacco, heart health, nutrition, diabetes, physical activity, HIV/AIDS, injury prevention, and community-based programs. It serves as a convenient gateway to other Alaskan and national health information web sites for reliable consumer health information.

The Division of Public Health also sponsors AKInfo, a comprehensive directory of health and human services providers. The directory contains the details of services provided by over 2000 public and private providers throughout the state. The AKInfo searchable database is available on-line at [www.ak.org](http://www.ak.org). It is also accessible 24 hours per day via a toll-free number 800-478-2221.

In 1999, the Division of Public Health began to develop a statewide system for rapid broadcast and receipt of urgent health alerts. This Health Alert Network, funded by the Centers for Disease Control and Prevention, was designed to enhance the capabilities for medical and public health response in a bioterrorism event, as well as other disasters that may affect Alaskans, from an earthquake to a natural outbreak of disease. This effort establishes and enhances Internet connection links and other information communications systems needs for rapid dissemination of public health advisories among state, federal and local health officials, community health care providers, news media, and the public at large. It also supports distance delivered training.

In 2000-2001 DPH began a pilot health training project, the Alaska Public Health Training Network. Funded by the Centers for Disease Control and Prevention, the Training Network provided current pub-

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lic health information via an easy access delivery system to healthcare providers and other interested members of communities in Alaska. The mission is to establish a network of distance learning partners, using a variety of media to provide educational opportunities to enhance the knowledge, expertise, and skills of Alaska's health and social services workforce.

The majority of televised programs on current public health issues are offered via satellite broadcasts. Unfortunately, due to our geographical location, the difference in time zones, the lack of receiving satellite dishes available to people in Alaska, and staff time and effort involved to coordinate programs, few Alaskans are able to participate in these valuable educational opportunities. During the Alaska Public Health Training Network pilot project, public health programs were taped and rebroadcast via cable television every Thursday morning starting at 9:00 am. The communities that were able to view these programs free of charge via cable television included: Anchorage, Bethel, Fairbanks, Juneau, Kotzebue, Nome, Seward, Sitka, and Valdez. The Public Health Centers served as local sites every week and were open to all members of the community. Copies of all the programs are available on videotape and can be checked out free of charge from the Division of Public Health's video lending library. Information on schedules and tapes in the lending library is available on line at [www.chems.alaska.gov/phtn/default.asp](http://www.chems.alaska.gov/phtn/default.asp).

The Alaska Public Health Training Network has created a website where the workforce and general public can obtain information regarding upcoming educational opportunities. At this time, options for receiving educational information through this network include: satellite broadcast programs (viewed via cable television in certain communities in Alaska), statewide audio conferences, live conferences, and a list of distance delivered courses being offered through various universities on public health related fields and topics.

Several workforce development projects for public health and healthcare workers are underway. Cultural and linguistic competence and health literacy are priorities.

Currently the DPH participates in the Consumer Health Information Advisory Committee of the National Network of Libraries of Medicine, Pacific Northwest Region (NN/LM PNR). This new initiative is part of the National Library of Medicine's (NLM) effort, which is charged to: 1) reach minorities, senior citizens, and low income populations; 2) work with

NLM and other organizations to improve access to electronic consumer health information at local, state, and regional levels; and 3) promote MEDLINEplus ([www.medlineplus.gov](http://www.medlineplus.gov)) the NLM website for consumer health information. Members are working on a regional level with strategic partners to address disparities in health information access and to explore ways to help members of the public who are not appropriately served by traditional modes of access.

### Data Issues and Needs

Information on access to telephones and internet is available through the U.S. Census and the National Telecommunications and Information Administration. Data on "hits" to Alaska focused health websites such as the Alaska Health Education Library Project (AHELP) and DPH sites provides rough estimates of access and usage. Research to evaluate health literacy in Alaska could identify underserved groups and groups that could benefit from specific educational interventions.

Surveys of training and orientation programs for health workers would be needed to ensure that Alaskan health workers have essential communication and information technology skills. Surveys of the availability of translation services and education in cultural competence for health care workers would also be useful for assessing health communication needs.

### Related Focus Areas

The *Health Communication* chapter is interconnected to all the other chapters of *Healthy Alaskans 2010*.

## Endnotes

- <sup>1</sup> U.S. Department of Health and Human Services. Healthy People 2010. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.
- <sup>2</sup> National Cancer Institute. Making Health Communications Work. Pub. No. NIH 89-1493. Washington, DC: U.S. Department of Health and Human Services, 1989.
- <sup>3</sup> Piotrow, PT; Kincaid, D.L.; Rimon, II, JG; et. al. Health Communication 1997. Westport, CT: Praeger.
- <sup>4</sup> Berland, GK, et al. Health Information on the Internet: Accessibility, Quality, and Readability in English and Spanish. Journal of the American Medical Association 2001;285(20):22612-2621.
- <sup>5</sup> Wang, C. The future of health promotion: talking technology blues. Health Promotion Practice Jan 2000; 1(1) Sage Publications.
- <sup>6</sup> Maiback, E., and Parrott, R.L. Designing Health Messages. Thousand Oaks, CA: Sage Publications, 1995.
- <sup>7</sup> Available from: <http://telehealth.net/glossary.html>
- <sup>8</sup> Available from: [www.hss.state.ak.us/atac/](http://www.hss.state.ak.us/atac/).
- <sup>9</sup> Office of Minority Health. Assuring cultural competence in health care: Recommendations for national standards and an outcomes-focused research agenda. Available on-line at [www.omhrc.gov/clas/ds.htm](http://www.omhrc.gov/clas/ds.htm).
- <sup>10</sup> Alaska Center for Rural Health. Alaska's allied health workforce: A statewide assessment. March, 2001.
- <sup>11</sup> National Telecommunications and Information Administration. A nation online: How Americans are expanding their use of the Internet. Washington DC: February 2002.

## References and Sources

### Alaska

Alaska Telehealth Advisory Council	<a href="http://www.hss.state.ak.us/commissioner/atac/">www.hss.state.ak.us/commissioner/atac/</a>
Alaska Telemedicine Project	<a href="http://www.telemedicine.alaska.edu">www.telemedicine.alaska.edu</a>
State Library Electronic Doorway(SLED)	<a href="http://sled.alaska.edu/health.html">sled.alaska.edu/health.html</a>
Alaska Health, Disability, & Social Service Resources	
Alaska Health Education Library Project (AHELP)	<a href="http://www.ahelp.org/f_welcome.html">www.ahelp.org/f_welcome.html</a>
Alaska Health Sciences Information Services (HSIS)	<a href="http://www.lib.uaa.alaska.edu/hsis">www.lib.uaa.alaska.edu/hsis</a>
Alaska Public Health Training Network	<a href="http://www.chems.alaska.gov/phtn">www.chems.alaska.gov/phtn</a>
Alaska Health Alert	<a href="http://www.chems.alaska.gov/Health_Alert.htm">www.chems.alaska.gov/Health_Alert.htm</a>
Alaska Library Association	<a href="http://www.akla.org/">www.akla.org/</a>

### National

Healthfinder	<a href="http://www.healthfinder.gov">www.healthfinder.gov</a>
National Council Against Health Fraud	<a href="http://www.ncahf.org/">www.ncahf.org/</a>
National Library of Medicine Consumer Health Information	<a href="http://n.nlm.gov/scr/conhlth/">n.nlm.gov/scr/conhlth/</a> - Consumers
MEDLINE Plus Health Information	<a href="http://www.nlm.nih.gov/medlineplus/healthtopics.html">www.nlm.nih.gov/medlineplus/healthtopics.html</a>
Health Alert Network	<a href="http://www.phppo.cdc.gov/han/">www.phppo.cdc.gov/han/</a>
Arctic Health National Library of Medicine	<a href="http://arctichealth.nlm.nih.gov/">arctichealth.nlm.nih.gov/</a>
Office of Minority Health Recommended Standards for Culturally and Linguistically Appropriate Health Care Services	<a href="http://www.omhrc.gov/clas/ds.htm">www.omhrc.gov/clas/ds.htm</a>
Harvard Center for Risk Analysis	
Harvard School of Public Health	<a href="http://www.hcra.harvard.edu/index.html">www.hcra.harvard.edu/index.html</a>
National Center for Health Statistics	<a href="http://www.cdc.gov/nchs/about.htm">www.cdc.gov/nchs/about.htm</a>
Health Insight: A Consumer's Guide to Taking Charge of Health Information	<a href="http://www.health-insight.harvard.edu">www.health-insight.harvard.edu</a>
Reports of the Sugeon General, US Public Health Service	<a href="http://www.surgeongeneral.gov/library/reports.htm">www.surgeongeneral.gov/library/reports.htm</a>

## Chapter Notes

