15. HEALTH COMMUNICATION

Goal

Improve the quality of health-related decisions through effective communication.

Terminology

Distance Learning: training and teaching with meetings held at two or more locations (ex: teacher in one place and students in another). Methods include satellite videoconferences, compressed video (interactive TV), computer-based training, or CD-ROMs.

Formative Evaluation: a process used to assess the nature of the problem and needs of the target audience to devise the best communication design before implementation. It is conducted prior to or during early program development and usually consists of literature reviews, surveys, reviews of existing programs, interviews, or focus groups of target audience members.

Health Literacy: The Kentucky Adult Literacy Survey suggests that 40 to 44 percent of Kentuckians have modest, minimal, or no functional literacy skills.

Outcome Evaluation: the process used to examine the results of a communication intervention, including changed awareness, attitudes, beliefs or actions.

Process Evaluation: the method used to monitor the administrative, organizational, or other operational characteristics of an intervention.

State and Local Government: *s*tate agencies, local health departments, and state funded programs.

Underserved Population: numbers determined by the federal poverty guidelines. According to the State Data Center, 689,138 Kentuckians were living in poverty in 1995, including 255,550 children 17 years old and under.

WWW (World Wide Web): an advance in information and communication technology which is changing the delivery of health information, health care services and is likely to have a growing impact on individual and public health.

AHEC: Area Health Education Center

BRFSS: Behavior Risk Factor Surveillance System

DHHS: Department for Health and Human Services

HCFA: Health Care Finance Administration

HCP: Health Communication Program

KCHIP: Kentucky Children's Health Insurance Program

KET: Kentucky Educational Television

NCI: National Cancer Institute

PHTN: Public Health Training Network

Overview

Information and education play vital roles in promoting health including preventing, managing, and coping with disease, and in supporting appropriate decisions across the spectrum of health care. For individuals, effective health communication can help raise awareness of health risks, provide motivation and skills to reduce them, bring helpful connections to others in similar situations, and offer information about difficult choices, such as health plans and providers, treatments, and long-term care. For the wider community, health communication can set the public and social agenda, advocate for healthy policies and programs, promote positive changes in the socioeconomic environment and health infrastructure, and encourage social norms that benefit health and quality of life. The plan emphasizes the following key points:

- In Kentucky, managed care is being introduced to most of those covered by Medicaid (481,000 people). Major portions of those living in poverty are served through the Medicaid program. The state of Kentucky is requiring health education to be a component that the regional managed care partnerships must offer their members.

- There is increasing recognition of the contribution that communication, broadly defined, makes to public health programs. Significant advances in communication theory and research, in media technology and in the use of marketing strategies for health and social development are reported regularly. As a result, the demand for systematic persuasive communication both nationally and internationally has been far ahead of the supply of well-trained professionals with the expertise to develop, manage, implement, and evaluate communication activities.

- Effective health communication strategies are built on sound research addressing the design, planning process, implementation and outcome assessment. Three

components are recommended for an effective health communication program: formative, process, and outcome evaluation.

- Recent studies confirm the strong public interest in health information and increasing access to health information. Public health and the medical community share an interest in promoting and sustaining "informed decisions" for better health.

- Kentuckians need "health literacy" to understand and evaluate increasingly complex and fragmented information about health and health services. Since literacy skills vary from individual to individual, health literacy programs should use multiple strategies and resources to communicate the complexities of health issues more effectively. Public education should empower individuals and communities to make informed decisions, resulting in fewer health problems and hospitalization costs. Public and medical libraries, AHECs, and other educational institutions may offer such programs in partnership with local media and other relevant entities, such as voluntary and professional organizations and schools.

- Quality assurance standards are needed to monitor the potential health impact of state and local government health related web sites. Criteria are needed to assure that Internet users receive quality health information that is accurate and appropriate. In addition, the Internet sources of health care information should be of high quality and meet high ethical standards.

2010 Objectives

15.1. (Developmental) **Increase the percentage of the underserved population that has access to health information through a public or private funded program or activity to promote and enhance public access.**

Target Setting Method: Baseline must be established.

Potential Data Sources: State Data Center; Department for Medicaid Services; Managed Care Partnerships.

Implementation Strategies:

- Determine and evaluate present health education method carried out by active Medicaid partnership(s) that have had enrolled 168,000 people as of March 1999. Refine/define underserved population group.
- Examine other groups that will be served by Medicaid, such as those enrolled in the Kentucky Children's Insurance Program, as well as groups not covered by Medicaid or the managed care partnerships.
- Establish baseline and set goals for increasing access to health information.

Currently the two active managed care partnerships – Passport in the Louisville area and Kentucky Health Select in the Lexington area – are required by the state to carry out health education efforts. Topics range from prenatal care to cancer screening and drug and alcohol abuse.

The two partnerships use quarterly newsletters, face-to- face contact, health fairs, school settings and other events to promote and disseminate health education information. They must also make this information available in Braille and on audiotapes, as well as in foreign languages.

In addition, an estimated 100,000 children are eligible for the KCHIP program, which will mean they will be covered by Medicaid. These children live in families with income of 150 percent of the federal poverty level and less. A Medicaid look-a-like program has been implemented for children with family incomes of 150 percent to 200 percent of the federal poverty level. The active partnerships will serve the children in the Medicaid program and will be required to offer the same health education material.

15.2.   **A.** (Developmental) **Increase the number, visibility, and public access to centers for excellence and other research institutions (e.g., academic programs, national organizations) to advance the research and practice of health communication.**

B. (Developmental) **Increase the instruction of advanced media technology in the communication curricula of health professional schools.**

Target Setting Method: Baseline needs to be established.

Potential Data Sources: Six schools nationwide that currently have Health Communication Programs, Organizations/vendors with health education programs (ex: Meridian Health System), Key networks (PHTN, NCI, HCFA, and DHHS)

Implementation Strategies:

- Include Schools of Public Health in discussions.
- Establish Health Communication Programs (HCP) at the Kentucky universities and / or community colleges. Tuition assistance should be made available for students. (HCP should be an interdisciplinary course of study for both public health practitioners and researchers; it integrates communication theory, with contributions from the social, psychological, educational, and behavioral sciences, and communication practice).
- Increase utilization of Kentucky's variety of distance learning methods (includes downlinking more satellite programs, compressed video, KET, computer-based training).

Careful planning and development of health communication programs are important to assure that communication activities have the greatest potential for success.

Health communication programs can be designed to *inform, influence, and motivate institutional or public audiences*. These programs can:

- Increase awareness of a health issue, problem or solution;
- Affect attitudes to create support for individual or collective action;
- Demonstrate demand for health services; and
- Remind or reinforce knowledge, attitudes or behavior.

Health communication programs cannot:

- Compensate for a lack of health care services;
- Produce behavior change without supportive program components; or
- Be equally effective in addressing all issues or relaying all messages.

15.3. (Developmental) **Assess the number of health communication programs that incorporate appropriate evaluation activities/components that enhance quality and effectiveness, and then increase the percentage of programs with appropriate evaluation components every year following.**

Target Setting Method: Baseline must be established.

Potential Data Sources: Academic programs/Kentucky Department of Education, Land Grant Colleges/Cooperative Extension, Kentucky Department of Public Health (health departments), National Organizations, Managed Care Partnerships, KCHIP/Kentucky Department for Medicaid Services, Kentucky Hospital Registry, Federal Register Notices, Grantmakers in Health and National Health Council.

Implementation Strategies:

- Establish baseline data – define what is a health communication program; develop a list of health communication programs; and determine if they have evaluation activities appropriate to their interventions.
- Continue to gather data about the health communication program. Determine evaluation components, their type, and any results.
- Promote a minimum set of evaluation standards to be included in the format of the Requests for Proposals and Grant Program Guidelines of the state of Kentucky.

15.4. (Developmental) **Assess the proportion of persons who report being satisfied with the health information they received and increase this percentage on a yearly basis.**

Target Setting Method: Select the type(s) of health information to assess and establish a satisfaction baseline.

Potential Data Sources: Behavioral Risk Factor Surveillance System (BRFSS), Area Health Education Centers (AHEC)

Implementation Strategies:

- Assess sources of health information in the local community.
- Conduct a satisfaction survey with information to measure the availability, quality, and utility of health information that people receive. For example, include a question in the BRFSS on health information.
- Collaborate with community coalitions to address identified community needs to increase satisfaction with health information (suggest including public health and medical providers, schools, universities, libraries, health education and information centers, etc.).
- Determine the types, availability, and utilization of health education that is being provided by various agencies.
- Develop strategies to increase satisfaction with health information.

15.5. (Developmental) **Assess the number or percent of libraries, Area Health Education Centers (AHECs), and other educational organizations that offer public education "health literacy" programs.**

Target Setting Method: Baseline needs to be established.

Potential Data Source: Kentucky Adult Literacy Survey

Implementation Strategies:

- Conduct a survey to assess the number of libraries, AHECs, and other educational institutions offering "health literacy" programs.
- Encourage educational organizations to develop health literacy programs.

Public libraries can promote health literacy in three ways: (1) as host of community programs, the library offers a neutral place where difficult or controversial health issues can be discussed; (2) in response to individual consumer questions, the library offers free, directed reference and Internet searches; (3) as an accessible public facility, the library is a logical distribution point for printed materials designed for public education. AHECs would continue to offer clinical education to rural sites, providing medical and allied health students with rotational opportunities, maintaining libraries and learning resource centers with the latest informational databases and materials reflecting the needs of local communities, recruiting and retaining health professionals, and coordinating health classes and educational programs for local schools. Internet

education for health professionals and consumers will allow more people to evaluate and assess health resources. Adult education providers can assist learners functioning at low levels of literacy with acquiring the reading and problem solving skills necessary for understanding and synthesizing complex health information. Programs and activities can be designed for English as a Second Language (ESL) learners for promoting good health and well being.

15.6. (Developmental) **Increase the proportion of health related state and local web sites that disclose to users a minimum set of quality standards.**

Target Setting Method: Baseline needs to be established.

Potential Data Source: Data sources have not been identified.

Implementation Strategies:

As a model, utilize the Internet Healthcare Coalition's Statement of Purpose draft, which includes:
- Educate health consumers, health care professionals and health care educators so that they have the knowledge to enable them to determine legitimate information from misleading and fraudulent medical information on the Internet.
- Publicize and promote resources that exemplify ethical, innovative and high quality uses of the Internet, which include health care information and services.
- Encourage developers to establish voluntary quality assurance systems for Internet health care information and products which would include the following minimum standards:
- Specific information about the content of the site:
  - Purpose of the site
  - Identity of the site developers and sponsors
  - How to contact the developers and sponsors of the site
  - Potential conflicts of interest or biases
  - Original sources of information or data available on the site
  - Up-to-date information and data
  - Reasons the site may not be appropriate for specific groups of people
  - How the site ensures the privacy and confidentiality of any personal information collected from users.

References

- *Behavior Risk Factor Surveillance Survey*
- Baseline Data Sources: Internet Healthcare Coalition

- Department for Medicaid Services; March 1999 figures of enrollment covered by managed care.
- *Health Communication 15-11*
- Kentucky Adult Literacy Survey
- Kentucky Health Care Partnership Protocol-- Health Education
- Kentucky State Data Center; 1995 Poverty Estimates.
- Passport and Kentucky Health Select partnership programs; materials and interviews.
- 1998 Internet Healthcare Coalition Draft Statements of Purpose

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