

## HEALTH COMMUNICATION/EDUCATION

Health communication/education is the **study and use of strategies to inform and influence** individual and community decisions that enhance health.

### Health communication CAN achieve many objectives:

- Increase awareness (e.g., Mass media can relate information about a new treatment or a disease outbreak to millions of people in a few hours.)
- Increase knowledge (e.g., Knowledge of the Surgeon General's recommendation on moderate physical activity was needed as a first step towards motivating change.)
- Influence attitudes (e.g., Convincing youth that smoking is not "cool" is one way to decrease cigarette use.)
- Influence perceptions of one's ability to perform a behavior (e.g., Seeing or reading testimonials describing the benefits of a behavior can increase a person's positive feelings about practicing the behavior.)
- Demonstrate a simple skill (e.g., Showing a parent discussing drug use with a child can teach other parents how to discuss drugs with their children.)
- Motivate to action (e.g., Behavior change generally consists of a series of changes in mind and action. A first step is frequently a call for information.)
- Increase demand and support for health services (e.g., Communication is often paired with a health service to promote its use.)
- Reinforce behaviors (e.g., Because most health behaviors must be practiced over a period of time to be beneficial, communication can remind people to continue positive behavior.)
- Build social norms (e.g., Communication can be used to encourage change among individuals or communities such as a demand for protection against second-hand smoke.)

### Health communication CANNOT accomplish some objectives:

- Cannot cause sustained behavior change (i.e., Sustained change is a complex mix of motivation, continuing ability to perform the behavior, and perceived rewards for doing so. Addressing these factors requires a multifaceted communication program over time and usually also requires other components such as medical services or policy change.)
- Cannot overcome barriers such as availability and accessibility to services (e.g., If a mammogram is too costly or the facility too far away, these barriers need to be addressed before women's motivation can result in action.)
- Cannot compensate for poor-quality services or treatment (e.g., If a woman has a long wait or an unsatisfactory interaction with a health care provider, communication alone is unlikely to prompt her to repeat the experience.)

Plans for creating sustained behavior changes should include communication and other strategies.