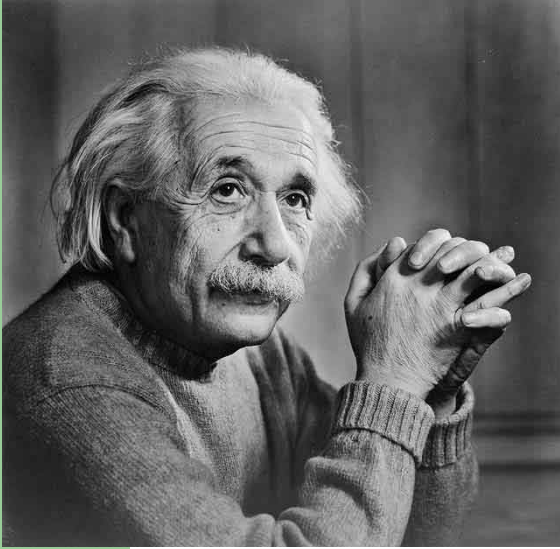# Gaps and Priorities: HARC
October 19, 2009

Marin P. Allen, Ph.D.

Deputy Director of the Office of
Communications and Public Liaison and
Director of Public Information, OD, NIH

- "No problem can be solved from the same level of consciousness that created it."

- "Concern for man and his fate must always form the chief interest of all technical endeavors. Never forget this in the midst of all your diagrams and equations."

MP Allen, Ph.D. 2009

Where are we in the noise?

- Everything now has a "literacy" tag? But, no one has made it concrete.
- The connotative vs. denotative power of the concept.
- 88 ARRA projects sorted to date
- We have the bones but not the connective tissue

MP Allen, Ph.D. 2009

- Definition of health literacy in a black box–a recyclable collective concept—so we have said "the total or one of its components as a key outcome" or "as a key explanatory variable for some other outcome."

Tipping Point

- contagiousness
- little changes have big effects
- change happens not gradually but in one dramatic moment

Gladwell pp.8-9

Approaches--Communicating

- Gladwell: "the stickiness factor"

  "We all want to believe that the key to making an impact on someone lies with the inherent quality of the ideas we present. . . There is a simple way to package information that under the right circumstances, can make it irresistible. All you have to do is find it."

  The Tipping Point pp.131-132

Nature and scope

- "Evaluate the different strategies and channels available , including the role of information technologies . . . Research on the information seeking or service utilization characteristics among health consumers with different levels of health literacy."

Mediators and Moderators- New Media Gaps

- "Examine how media (including TV, radio, movies, newspapers, the Internet and interactive systems) affect health literacy. How can different media be used to target communications most effectively with specific sub-groups of consumers varying in health literacy levels, age, race, ethnicity and disease, etc. ?"

MP Allen, Ph.D. 2009

Content should be customized to the medium and the demographic group

- According to Susannah Fox, both Latino and African-American men use their mobile phones "like Swiss Army knives—they use them for everything," . . .content must be easy to access in this format.

Confused and Overwhelmed Consumers

- **Barry Schwartz**
  - Trusted sources need to break through
  - Suppliers of Information (media, bloggers, etc.) race to provide information quickly and constantly
    - Accuracy becomes a casualty also the same sources, particularly bloggers, have become more concerned about the degree of influence on their audiences than the veracity of their information

    The Paradox of Choice author at NIH "Charting the Next Course for NIH Communications, Relevance and Credibility in a Changing Environment" September 9, 2008. Bethesda MD

MP Allen, Ph.D. 2009

Where does "collective wisdom" fit?

Schwartz:

> The collective wisdom is " a product of a host of different factors . . .but directly connected to the increased importance of the Internet. In part, that is because I think the ethos of the Net is fundamentally respectful of an interest in the idea of collective wisdom, and in some sense hostile to the idea that power and authority should belong to a select few."

A comment about Wikipedia experience this past July.

e-Patients

- Electronically savvy, empowered, engaged, e-patients who collect health information also can be an important asset in the battle against single-issue interest groups— "they are likely to 'swarm' inaccuracy if you empower them as agents, but they demand a genuine conversation."

Susannah Fox, Pew Charitable Trust

Changing Times: Some Data

2000	2009
46% US adults had internet access	**74%** US adults had internet access
5% US households had broadband	**57%** US households have broadband
25% US adults looked online for health information	**61%** US adults looked online for health information

MP Allen, Ph.D. 2009

Sources of health information

Percentage of adults with *Below Basic* or *Basic* health literacy who get **little** or **no** health information from the following sources:

Source	Below Basic	Basic
Internet	85%	70%
Magazines	64%	47%
Books or Brochures	62%	45%
Newspapers	59%	51%
Family or Friends	47%	40%
Health Care Providers	35%	30%
Radio or TV	33%	29%

Source: National Center for Education Statistics, Institute for Education Sciences

MP Allen, Ph.D. 2009

More challenges… Why the sound bite is actually important

- How much of what we know that we have learned by listening? 85% (Shorp)

- Amount of the time we are distracted, preoccupied or forgetful? 75% (Hunsaker)

- We listen at 125–250 words per minute, but think at 1000–3000 words per minute.
  (High Gain, Inc.)

- How much we usually recall immediately after we listen to someone talk? 50% (International Listening Association)

MP Allen, Ph.D. 2009

Subgroups

- *Communication differences or disorders that include deafness, hearing loss, auditory processing disorder, aphasia, dyslexia and others are increased challenges to obtaining information and services faced by 1 out of 6 Americans and may go unrecognized as contributing to the inability to get and use health information.*

MP Allen, Ph.D. 2009

What do We Want to Measure:
Range of Action for Behavior Change

Individual effects	individuals improve knowledge and attitudes
Social diffusion	change in public norms
Institutional diffusion	change in elite opinion, influencing policy, influencing individuals

Robert C. Hornik in Public Health Communication: Evidence for Behavior Change. ed. Hornik RC. Mahwah, New Jersey: Lawrence Erlbaum Associates, 2002. p 14

Gaps

--Finding the tipping point

--Communicating about what we learn

--Creating synergies and connective tissue

--Updating the PAR --Gaps (communicate, integrate, update)