Advancing Health Literacy Research and Theory: Considering the Health Communication “Eco-System”

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Health Communication

• Dissemination and exchange of symbols, language and information as related to health issues
• While often thought of at individual level and its impact on attitudes, opinions, knowledge and behaviors related to health...
• ...includes community health, organizational analyses, public policy, health practice, cultural norms
Health Communication

• Interpersonal communication
  ✓ provider-patient communication, trainings
  ✓ family/friends
  ✓ small group communication, workshops, community based
• Mass communication
  ✓ television, Internet, social media
  ✓ magazines, pharmaceutical ads,
  ✓ PSAs, news, media advocacy
• Traditional sender-channel-source-message-receiver (feedback) model; “noise” as intervening factor
The Communication Eco-System

- Multiple senders
- Nonlinear directions
- Media synergy
- Public constructions of meaning
- Unintentional versus intentional effects on health attitudes, knowledge, behaviors
Media Synergy

- http://video.gmx.net/watch/7016628/Dog_Tag_PSA
Communication Eco-System

• “Improving the health and wellbeing of Americans will be difficult if we don’t improve the ways in which we communicate about health.” -- U.S. Surgeon General Benjamin (2010)

• Average person spends more time with media than with physicians in doctor’s offices, and

• more time watching television than time spent with any other media. -- 2006 Proceedings of the Surgeon General’s Workshop on Improving Health Literacy
Communication Eco-System

• Patient-provider encounters are less frequent than other health-related situations that occur at home, at work, and in the community

• Health information in every day life -- 2006 Surgeon General’s Workshop on Improving Health Literacy

• “One major change in the current understanding of health literacy is that it involves more than reading and understanding information. Health literacy is increasingly thought to include finding, understanding, evaluating, and communicating information, and using that information to make informed decisions” — Pleasant et al., 2011
Case: Rural Women’s Health

• Bonnie Braun, Lis Maring et al.
• Participatory research to incorporate women’s voice in designing health messages
• Empowerment *in* health messages: Ways to embed perceived self-efficacy and personal control
• Health message content to be structured and formatted through various communication channels: health communication “eco-system”
Method

- Nutrition and food insecurity; physical activity; oral health
- 8 focus groups, 36 participants, 8 states
- 56 interviews, 7 states
Findings

• Every day lives governed by children’s school schedule, part-time work hours, and numerous social and health service appointments.

• Daily health concerns as a result of chronic illness, barriers to health care, reminders from schools.

• Perceived lack of control over responsibilities as mother, but perceived control when not in mother role.

• Some felt out of control when visiting health care workers.
Findings

• When talking about their own health, the women agreed that they felt in control because they were the ones making the decision not to seek care.
• Participants felt that health messages never address the chaos they face in their morning schedules, the constraints they deal with throughout their daily tasks, or the lack of control they feel when they must rely on health practitioners.
What the women want

1) Use a spokesperson who share our identities or characteristics but offer expert information.

2) Include empathy for our every day constraints, through spokesperson and content of message.

3) Offer steps to better health or lower risk that are simple, quick, and expressed directly--Can we do them in spite of or in context of our chaotic lives?

• Next steps: Design and evaluate health message in rural setting
Questions?