

RENATA SCHIAVO

Health Communication

FROM THEORY TO PRACTICE

SECOND EDITION

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HEALTH COMMUNICATION

FROM THEORY TO PRACTICE

Second Edition

Renata Schiavo

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CONTENTS

Tables, Figures, Exhibits, and Numbered Boxes	ix
Preface	xv
Acknowledgments	xvii
The Author	xxi
Introduction	xxiii

Part One: Introduction to Health Communication **1**

Chapter 1 What Is Health Communication? **3**

In This Chapter	3
Defining Health Communication	4
Health Communication in the Twenty-First Century:	
Key Characteristics and Defining Features	9
The Health Communication Environment	22
Health Communication in Public Health, Health Care, and Community Development	23
The Role of Health Communication in the Marketing Mix	25
Overview of Key Communication Areas	26
The Health Communication Cycle	28
What Health Communication Can and Cannot Do	29
Key Concepts	31
For Discussion and Practice	32
Key Terms	32

Chapter 2 Current Health Communication Theories and Issues. . . . **33**

In This Chapter	33
Use of Communication Models and Theories: A Premise	34
Key Theoretical Influences in Health Communication	35
Select Models for Strategic Behavior and Social Change Communication	57
Other Theoretical Influences and Planning Frameworks	62
Current Issues and Topics in Public Health and Health Care:	
Implications for Health Communication	64
Key Concepts	81

For Discussion and Practice	82
Key Terms	82
Chapter 3 Culture and Other Influences on Conceptions of Health and Illness	83
In This Chapter	83
What Is Culture?	84
Approaches in Defining Health and Illness	85
Understanding Health in Different Contexts: A Comparative Overview	88
Gender Influences on Health Behaviors and Conceptions of Health and Illness	91
Health Beliefs Versus Desires: Implications for Health Communication	94
Cultural Competence and Implications for Health Communication	97
Key Concepts	99
For Discussion and Practice	99
Key Terms	100
Part Two: Health Communication Approaches and Action Areas	101
Chapter 4 Interpersonal Communication	103
In This Chapter	103
The Dynamics of Interpersonal Behavior	104
Social and Cognitive Processes of Interpersonal Communication	106
Community Dialogue as an Example of Interpersonal Communication at Scale	111
The Power of Personal Selling and Counseling	112
Communication as a Core Clinical Competency	116
Implications of Interpersonal Communication for Technology-Mediated Communications	128
Key Concepts	129
For Discussion and Practice	131
Key Terms	132
Chapter 5 Mass Media and New Media Communication, and Public Relations	133
In This Chapter	133
Health Communication in the New Media Age: What Has Changed and What Should Not Change	134

The Media of Mass Communication and Public Relations . . .	138
Public Relations Defined: Theory and Practice	139
Mass Media, Health-Related Decisions, and Public Health . . .	149
New Media and Health	157
Reaching the Underserved with Integrated New Media Communication	170
Mass Media– and New Media–Specific Evaluation Parameters	171
Key Concepts	174
For Discussion and Practice	176
Key Terms	177
Chapter 6 Community Mobilization and Citizen Engagement . . .	179
In This Chapter	179
Community Mobilization and Citizen Engagement: A Bottom- Up Approach	180
Community Mobilization as a Social Process	182
Engaging Citizens in Policy Debates and Political Processes . . .	188
Implications of Different Theoretical and Practical Perspec- tives for Community Mobilization and Citizen Engage- ment Programs	190
Impact of Community Mobilization on Health-Related Knowl- edge and Practices	194
Key Steps of Community Mobilization Programs	203
The Case for Community Mobilization and Citizen Engage- ment in Risk and Emergency Communication	212
Key Concepts	216
For Discussion and Practice	217
Key Terms	218
Chapter 7 Professional Medical Communications	219
In This Chapter	219
Communicating with Health Care Providers: A Peer-to-Peer Approach	220
Theoretical Assumptions in Professional Medical (Clinical) Communications	224
How to Influence Health Care Provider Behavior: A Theo- retical Overview	226
Key Elements of Professional Medical Communications Programs	228
Overview of Key Communication Channels and Activities	235

Using IT Innovation to Address Emerging Needs and Global Health Workforce Gap	237
Prioritizing Health Disparities in Clinical Education to Improve Care: The Role of Cross-Cultural Health Communication	239
Key Concepts	240
For Discussion and Practice	242
Key Terms	242
Chapter 8 Constituency Relations and Strategic Partnerships in Health Communication	243
In This Chapter	243
Constituency Relations: A Practice-Based Definition	244
Recognizing the Legitimacy of All Constituency Groups	246
Constituency Relations: A Structured Approach	247
Strategies to Develop Successful Multisectoral Partnerships	251
Key Concepts	260
For Discussion and Practice	261
Key Terms	262
Chapter 9 Policy Communication and Public Advocacy	263
In This Chapter	263
Policy Communication and Public Advocacy as Integrated Communication Areas	264
Communicating with Policymakers and Other Key Stakeholders	267
The Media of Public Advocacy and Public Relations	271
Influencing Public Policy in the New Media Age	274
Key Concepts	277
For Discussion and Practice	278
Key Terms	278
Part Three: Planning, Implementing, and Evaluating a Health Communication Intervention	279
Chapter 10 Overview of the Health Communication Planning Process	281
In This Chapter	281
Why Planning Is Important	283
Approaches to Health Communication Planning	285
The Health Communication Cycle and Strategic Planning Process	287
Key Steps of Health Communication Planning	289
Elements of an Effective Health Communication Program	295
Establishing the Overall Program Goal: A Practical Perspective	299

Outcome Objectives: Behavioral, Social, and Organizational	300
Key Concepts	303
For Discussion and Practice	305
Key Terms	306
Chapter 11 Situation and Audience Analysis	307
In This Chapter	307
How to Develop a Comprehensive Situation and Audience Analysis	308
Organizing, Sharing, and Reporting on Research Findings	333
Common Research Methodologies: An Overview	335
Key Concepts	353
For Discussion and Practice	354
Key Terms	354
Chapter 12 Identifying Communication Objectives and Strategies	355
In This Chapter	355
How to Develop and Validate Communication Objectives	356
Outlining a Communication Strategy	364
Key Concepts	372
For Discussion and Practice	372
Key Terms	373
Chapter 13 Designing and Implementing an Action Plan	375
In This Chapter	375
Definition of an Action (Tactical) Plan	376
Key Elements of an Action (Tactical) Plan	379
Integrating Partnership and Action Plans	398
Planning for a Successful Program Implementation	400
Key Concepts	404
For Discussion and Practice	405
Key Terms	405
Chapter 14 Evaluating Outcomes of Health Communication Interventions	407
In This Chapter	407
Evaluation as a Key Element of Health Communication Planning	408
Overview of Key Evaluation Trends and Strategies: Why, What, and How We Measure	409
Integrating Evaluation Parameters That Are Inclusive of Vul- nerable and Underserved Populations	425

Evaluating New Media–Based Interventions: Emerging Trends and Models	426
Monitoring: An Essential Element of Program Evaluation	430
Linking Outcomes to a Specific Health Communication Intervention	432
Evaluation Report	434
Key Concepts	437
For Discussion and Practice	439
Key Terms	440

Part Four: Case Studies and Lessons from the Field **441**

Chapter 15 Health Communication in the United States: Case Studies and Lessons from the Field	443
In This Chapter	443
From Theory to Practice: Select Case Studies from the United States	444
Emerging Trends and Lessons	464
Key Concepts	465
For Discussion and Practice	466
Key Term	466
Chapter 16 Global Health Communication: Case Studies and Lessons from the Field	467
In This Chapter	467
From Theory to Practice: Select Case Studies on Global Health Communication	468
Emerging Trends and Lessons	490
Key Concepts	492
For Discussion and Practice	493
Key Terms	493
Appendix A Examples of Worksheets and Resources on Health Communication Planning	495
Appendix B Sample Online Resources on Health Communication .	509
Glossary	523
References	539
Name Index	593
Subject Index	601

TABLES, FIGURES, EXHIBITS, AND NUMBERED BOXES

Tables

1.1	Health Communication Definitions	8
1.2	Key Characteristics of Health Communication	11
1.3	What Health Communication Can and Cannot Do	30
3.1	A Comparative Overview of Ideas of Health and Illness	92
3.2	Examples of Disease-Specific Ideas of Illness	95
4.1	Comparing Cultural Norms and Values	106
4.2	Barriers to Effective Provider-Patient Communication: Patient Factors	122
5.1	Internet and New Media Penetration	136
5.2	Health Communication in the Media Age: What Has Changed and What Should Not Change	137
5.3	Public Relations Functions in Public Health and Health Care	140
5.4	Characteristics of Psychological Types Relevant to Public Relations	141
5.5	Key Characteristics of Ethical Public Relations Programs	146
5.6	Dos and Don'ts of Media Relations	154
5.7	Mass Media Channels and Related Public Relations Tools	158
5.8	Most Common Uses of the Internet and New Media by Health Organizations	159
5.9	Sample Factors in Public Perception and Use of New Media-Specific Tools	161
7.1	Key Audiences of Professional Clinical Communications	221
7.2	Key Obstacles to Clinician Change	228
7.3	Communication Approaches and Tools and Their Effects: Analysis of Thirty-Six Systematic Reviews	232
7.4	Key Communication Tools and Channels in Professional Communications	236
8.1	Guidelines for Establishing and Preserving Long-Term Relationships	249
8.2	Potential Drawbacks of Partnerships	253
8.3	Sample Partnership Success Factors	257
9.1	Key Elements of a Policy Brief	270

9.2	Why Public Advocacy?	272
10.1	Key Elements of an Effective Health Communication Program	295
11.1	Qualitative Versus Quantitative Research Methods	338
11.2	Sample Criteria for a Credibility Assessment of Health-Related Websites	343
13.1	Examples of Communication Concepts for a Communication Intervention on Childhood Immunization	386
13.2	Key Elements of a Partnership Plan	399
14.1	Drawbacks of Evaluation	419
14.2	Sample Qualitative and Quantitative Methods for the Assessment of Health Communication Interventions	423
14.3	Sample Tools for the Evaluation of New Media-Based Interventions	430
14.4	Examples of Areas of Monitoring with Related Data Collection and Reporting Methods	433

Figures

1.1	The Health Communication Environment	22
1.2	The Health Communication Cycle	28
2.1	Health Communication Theory Is Influenced by Different Fields and Families of Theories	35
2.2	Attributes of the Audience	37
2.3	Ideation Theory	47
2.4	Logic Model and Evaluation Design for a National Program for Infant Mortality Prevention by the Office of Minority Health, Department of Health and Human Services	65
3.1	Comparing <i>Culture</i> to an Iceberg	84
3.2	Health Outcomes as a Complex and Multidimensional Construct	87
4.1	The Potential Impact of Interpersonal Communication on Behavior: A Practical Example	110
6.1	Number of WPV Cases by Year in Nigeria	185
6.2	Proportion of Actual Noncompliance, High-Risk States, May 2012	186
6.3	Preliminary Data, Sokoto VCMs	187
6.4	Main Reasons for Noncompliance	187
6.5	Moving from the Pre-During-Post Scenario to the Preparedness-Readiness Response-Evaluation Constant Cycle (PRRECC)	214
9.1	Sample Key Questions for Media Advocacy Planning	274
10.1	Health Communication Cycle	288
10.2	Key Steps of Health Communication Planning	290

11.1	Key Steps of Situation Analysis	311
12.1	Changes in Attitudes Toward Polio Virus and Immunization	370
14.1	Social Change and Behavioral Indicators	413
14.2	Integrating New Media and Other Communication Areas in Approaching Health Communication Planning and Evaluation	427
14.3	Flu Vaccine Campaign 2009 in Whyville	429
15.1	WhyWellness Virtual World	446
16.1	Egypt: Community Outreach Workers in Action	470
16.2	Cambodia Antenatal Care Campaign Spot	485
16.3	Volunteers Launch the ANC Campaign in Stung Treng, Cambodia, January 2009	486
16.4	Sample Screenshot from LibGuides	489

Exhibits

10.1	Examples of Outcome Objectives for a Program on Pediatric Asthma	302
11.1	Audience Segmentation Example	321
11.2	SWOT Analysis for the Caribbean Cervical Cancer Prevention and Control Project	334
12.1	Sample Communication Objectives: Understanding the Connection with Other Program Elements	359

Numbered Boxes

2.1	Diffusion of Innovation Theory: A Practical Example	38
2.2	The Added-Value of Theoretical Models in Evaluating Mass Media Campaigns	41
2.3	Raising Awareness of Infant Mortality Disparities in San Francisco	55
4.1	Personal Selling and Counseling Case Study	113
4.2	The Impact of Effective Provider-Patient Communications on Patient Outcomes: A Pediatric Nurse Practitioner's Perspective	117
4.3	Impact of Physician Attitudes on Patient Behavior: A True Story	119
5.1	Johnson & Johnson's Campaign for Nursing's Future Initiative	144
5.2	Using the Internet as a Key Public Relations Channel: The Schepens Eye Research Institute	147
5.3	Sports for Health Equity: A Multifaceted National Program	162
5.4	<i>Street Fighters of Public Health</i> : Using Online Tools to Create Networking Opportunities in Public Health	165

6.1	Tackling Oral Polio Vaccine Refusals Through Volunteer Community Mobilizer Network in Northern Nigeria	184
6.2	Social Mobilization to Fight Ebola in Yambio, Southern Sudan	193
6.3	How Bingwa Changed His Ways	196
6.4	Gay Men’s Health Crisis HIV/AIDS Time Line	198
7.1	National Foundation for Infectious Diseases Flu Fight for Kids: Case Study	232
8.1	How Constituency Relations Can Help Advance an Organization’s Mission: A Practice-Based Perspective	250
8.2	National Cancer Institute Guidelines for Considering Commercial Partners	255
11.1	Audience Profile: Got a Minute? Give It to Your Kids!	324
12.1	Maintaining Egypt Polio Free: How Communication Made It Happen!	368
13.1	NCI’s Cancer Research Awareness Initiative: From Message Concepts to Final Message	389
13.2	Community Theater in Benin: Taking the Show on the Road	393
14.1	Using Process Evaluation Data to Refine an Entertainment-Education Program in Bolivia	415
15.1	WhyWellness: Communicating About Mental Health Within a Gaming Community	445
15.2	“BodyLove”—Case Study Summary	448
15.3	Case Study—New Media and the VERB Campaign	451
15.4	Health Equity Exchange: Using an Integrated Multimedia Communication Approach to Engage US Communities on Health Equity	453
15.5	Raising Awareness of Sustainable Food Issues and Building Community via the Integrated Use of New Media with Other Communication Approaches	457
15.6	What Do Sidewalks Have to Do with Health?	461
16.1	Communication Interventions: Helping Egyptian Families and Children Stay Safe from Avian Influenza	469
16.2	Preparing for a Nightmare in the Calgary Health Region—Planning for Pandemic Influenza	473
16.3	Interpersonal Communication: Lessons Learned in India	476
16.4	Case Study—Voices and Images (Tuberculosis)	481
16.5	Applying C4D to Curb Maternal Mortality in Cambodia	484
16.6	The Role of the Health Sciences Librarian in Health Communication: Continuity in Evidence-Based Public Health Training for Future Public Health Practitioners	488

**For my wonderful daughters and husband,
Oriana, Talia, and Roger**

PREFACE

Many colleagues and professionals from a variety of sectors have approached me since the first edition of *Health Communication: From Theory to Practice* was published in 2007. The book has often provided us with a framework and incentive to share information about our experiences and discuss many topics as they relate to society, health, and communication. Of great importance has also been the feedback of the many faculty members and students (including my own students) who have used the book as part of their courses in academic programs across the United States and around the world. I am thankful to all for contributing to my thinking and professional growth. Their input, suggestions, and our many conversations are among the main reasons for this second edition.

Other motivating factors for this second edition include health communication's own evolution, technological advances, and the need to capture recent experiences and theories that may have been less highlighted in the first edition. This second edition further emphasizes the importance of a people-centered and participatory approach to health communication interventions, which should take into account key social determinants of health and the interconnection among various health and social fields. While maintaining a strong focus on the importance of the behavioral, social, and organizational results of health communication interventions, this book also includes new or updated information, theoretical models, resources, and case studies on health equity, urban health, new media, emergency and risk communication, strategic partnerships in health communication, policy communication and public advocacy, cultural competence, health literacy, and the evaluation of health communication interventions as they relate to various health topics.

Finally, I myself have evolved as I am fortunate to continue to learn from my work and from the many people I have the pleasure to work with. My voice has become stronger in favor of health communication approaches that will encourage participation and community ownership of the overall communication process, yet will let people decide how much, when, and how to participate based on their cultural preferences. I also became increasingly connected to the reason I do this work: to make

a difference in people's health and lives. My appreciation of the many challenges of disadvantaged groups has also grown along with my work, and has influenced my sense of urgency in encouraging people to switch from a disease-focused mind-set to a health communication approach that links health with related social, political, and environmental issues, while keeping a strong commitment to behavioral and social impact.

Put the public back in public health. Think globally, act locally. Tackle health disparities. These are not just catchy phrases. They are some of the principles that have been inspiring my work and this book.

ACKNOWLEDGMENTS

As for all projects that are in the making for a long time, this second edition is inspired by many people and is the fruit of years of thinking and work for which I am indebted to many colleagues. First and foremost, my heartfelt thanks go to my editors, Andy Pasternack and Seth Schwartz of Jossey-Bass, for their invaluable help and expert guidance with the many questions related to this project, as well as for their great support, cheers, and much-appreciated commitment to seeing things through. I could not have made it without them!

Thanks to Joshua Bernstein, Erin Driver, Rachel Gonzales, John Kowalczyk, Doris J. Laird, and C. J. Schumaker for their comments and feedback on the second edition revision plan and David Anderson, Ellen Bonaguro, Kathy Miller, and Mario Nacinovich for the invaluable suggestions that have considerably contributed to the significance of this second edition. Their helpful feedback was provided via Jossey-Bass's peer review process. My appreciation also goes to all professional friends and colleagues who provided suggestions on early drafts of the first and this second edition, or helped secure relevant case studies and interviews that are published here. Among them are Doug Arbesfeld, Susan Blake, Joe Casey, Lenore Cooney, Amanda Crowe, Gustavo Cruz, Chris Elias, Everold Hosein, Marina Komarecki, Destin Laine, Rafael Obregon, Sherry Michelstein, Elil Renganathan, and Lisa Weiss. Thank you also to the many authors of the case studies published in this book for their generosity, time, and willingness to contribute to this project. I am very grateful to Radhika Ramesh, a graduate of the New York University master's program in media, culture, and communication, as well as a former student and a colleague, who worked as a research and editorial assistant for this second edition, for her dedication and attention to detail. Also, my thanks go to Ohemaa Boahemaa who helped with the graphic design of many of the figures included in this book and managed to fit this in her busy schedule. Thanks to Prarthana Shukla who was a research assistant for the first edition and to other former public health students who have contributed feedback, most notably Lawrence Fung and Ellen Sowala, as well as other students and colleagues who used the book's first edition and provided suggestions for changes.

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There are many people to whom I owe my practical experience in health communication and related fields. These include the colleagues, partners, and clients with whom I have had the privilege to work over the years. I spent endless days (and nights) with many of them brainstorming and learned a great deal from all of them. The task of naming them all is quite daunting, so please forgive me if I do not mention someone who greatly contributed to my work or thinking over the years. A short list of colleagues with whom I have had the pleasure to work just in the last decade includes Upal Basu Roy, Ohema Bohaema, Patricia Buckley, Joe Casey, Paula Claycomb, Lenore Cooney, Samantha Cranko, Blake Crawford, Amanda Crowe, Gustavo Cruz, Isabel Estrada-Portales, Rina Gill, Matilde Gonzalez-Flores, Elena Hoepfner, Everold Hosein, Neha Kapil, Scott Kennedy, John London, Alka Mansukhani, LaJoy Mosby, Asiya Odugleh-Kolev, Lene Odum Jensen, Denisse Ormaza, Radhika Ramesh, Akiko Sakaedani Petrovic, Barbara Shapiro, Glenn Silver, Teresa (Tess) Stuart, Kate Tulenko, Marie-Noelle Vieu, Beth Waters, Jennifer Weiss, Lisa Weiss, and Sabriya Williams. And a special thank-you to past colleagues Daniel Berman and Frances Beves for their friendship of many years, and our many brainstorms.

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These acknowledgments wouldn't be complete without recognizing the role of the American Public Health Association (APHA) Health Communication Working Group (HCWG) of the Public Health Education and Health Promotion (PHEHP) section in my professional life. Not only has HCWG provided me with a home within the APHA but it has also given me the opportunity to enrich my experience and to network with many great colleagues, including those with whom I have had the pleasure of working closely on various HCWG activities: Gary Black, Marla Clayman, Rebecca (Becky) Cline, Carol Girard, Marian Hunman, Julia Kish Doto, Jennifer Manganello, Judith (Jude) McDivitt, John Ralls, Doug Rupert, J-J Sheu, Julie Tu Payiatas, Carin Upstill, and Meg Young. Thanks also to PHEHP colleagues Heather Brandt, Michelle Chuck, Regina Galer-Unti, Jeff Hallam, Stuart Usdan, and Katherine Wilson for their support on various projects in which I have been involved either with the HCWG or the PHEHP section.

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Finally, many thanks to my husband, Roger Ullman, for his endless support and lifetime partnership, and to our daughters, Oriana and Talia, for inspiring my work ethics and life. And to my mother, Amalia Ronchi, who despite our differences, taught me perhaps the most important lesson in life: care about others and try to understand them. This lesson is also important in health communication.

In Memory of Andy Pasternack

"Hello from Jossey-Bass!" This is how I remember my first interaction with Andy. He had learned from one of Jossey-Bass' sales representatives that I was thinking to write a book on health communication and was emailing to talk and learn more about my idea. I didn't know at the time how much this was typical of Andy and his entrepreneurial spirit.

Andy was really passionate about providing new resources on what he believed to be important topics that may help advance people's work. He was proud of the fact that "authors preferred to work with Jossey-Bass" and was committed to creating a supportive environment that would be conducive to that. He cared about "his" authors and wanted to see them succeed in their professional endeavors. Always kind and cheerful, Andy loved to connect people, talked very fondly of his family and staff, and knew how to make things happen. His patience and encouragement were critical to my efforts to write this book . . . and I can't believe that he was corresponding with me about the back cover just a few weeks before his departure. Our professional community owes gratitude to Andy for his vision and professionalism. We will miss him.

THE AUTHOR

Renata Schiavo, PhD, MA, is a health and international communication, public health, and global health specialist with more than twenty years of experience in a variety of settings, including the United States and several countries in Europe, Latin America, and Africa. Currently, she is founding president and CEO of Health Equity Initiative, a nonprofit organization dedicated to building community, capacity, and strategic communication resources for health equity. Dr. Schiavo is also a senior lecturer, Columbia University Mailman School of Public Health, and has held academic appointments at the CUNY School of Public Health at Hunter College and New York University's MPH program.

Dr. Schiavo is a member of the board of directors, Public Health Foundation Enterprise (PHFE); a member of the Cultural Competence Interest Group of the New York Academy of Medicine (NYAM); and a member of the Steering Committee of the American Public Health Association (APHA) PHEPH Health Communication Working Group (HCWG), for which she also served as 2007–2008 chair. She serves on the advisory board of *The Nation's Health* (the APHA's official newspaper), as well as the editorial boards of *Cases in Public Health Communication and Marketing* and *Journal of Communication in Healthcare*. Among other international affiliations, Dr. Schiavo is a member of the UNICEF Communication for Development (C4D) Global Web Roster; the World Health Organization's Global Technical Network for Communication for Behavioral Impact (COMBI); and the Italian group Salute-Cura-Societa' (SaCS-Health-Cure-Society).

Dr. Schiavo is the author of dozens of publications in the health communication, public health, and global health fields. She has recognized international expertise in twenty-plus public health, global health, and social development areas, and has served on scientific, expert, and review panels for leading organizations, including the World Health Organization [WHO], the National Institutes of Health, and the American Public Health Association. Her work has been supported by the Office of Minority Health Resource Center, HHS Office of Minority Health; UNICEF; and WHO, among others.

Dr. Schiavo's professional interests lie at the intersection of strategic health communication for behavioral, social, and organizational change; multisectoral partnerships; health equity; community health; risk communication; and global health. Her recent work has focused on health equity—health disparities and social determinants of health, maternal and child health, public health and humanitarian emergencies, pandemic flu, global hand washing, childhood cancer, and malaria, among others. She has significant experience on strategy design; research design and implementation; program design, direction, and evaluation; and professional development, capacity building, and training.

Prior to founding Health Equity Initiative, Dr. Schiavo had the pleasure of serving as associate professor and director, Community Health/COMHE at the CUNY School of Public Health at Hunter College; founder and principal, Strategic Communication Resources; executive vice president, Cooney Waters Group; and head, corporate and marketing communications and social responsibility programs, Rhodia Farma-Brazil. Her recent consulting experience includes leading organizations such as the National Association of Pediatric Nurse Practitioners (NAPNAP); New York University College of Dentistry; the Office of Minority Health Resource Center, HHS Office of Minority Health; Solving Kids' Cancer; UNICEF; the World Bank; and the World Health Organization.

Renata has significant management experience, because in addition to current positions, she also served on the boards of directors of Solving Kids' Cancer and the Italian American Committee on Education, and was an elected voting member of the governing council of the American Public Health Association. Early in her career, Dr. Schiavo was a postdoctoral research scientist at Columbia University and New York University, where she worked on numerous molecular and cell biology projects. She holds a PhD in biological sciences from the University of Naples (Italy) and an MA in journalism and mass communication from New York University.

For additional information on Renata Schiavo's background and experience, visit www.renataschiavo.com.

INTRODUCTION

Health communication operates within a very complex environment in which encouraging and supporting people to adopt and sustain healthy behaviors, or policymakers and professionals to introduce new policies and practices, or health care professionals to provide adequate and culturally competent care are never easy tasks. Moreover, most of these potential changes and behavioral and social results depend on various socially determined factors such as our living, working, and aging environments; access to health services and information; adequate transportation, nutritious food, parks and recreational facilities; socioeconomic opportunities; and social and peer support, among many others.

Childhood immunization, for example, is one of the greatest medical and scientific successes of recent times. Because of immunization, many diseases that were once a threat to the life and well-being of children have become rare or have been eradicated in many countries in the world. Yet as for most other health-related issues and interventions, changing public and professional minds and enabling parents to immunize their healthy children have required a worldwide multidisciplinary effort. Health communication has played a fundamental role in this success story since the introduction of the first childhood vaccine. Consider the case of Bonnie, the mother of a newborn child, who is offered a vaccine for her baby at birth or a few days after.

Bonnie, an American, is the twenty-five-year-old mother of a beautiful baby girl. She is thrilled about her child but quite fearful because parenting is new to her. She has read about the benefits of immunization but is too young to remember any of the diseases against which she should immunize her child. She does not know anyone who had polio or whooping cough or Hib (*Haemophilus influenzae* type B) disease. She has also heard conflicting information about the potential adverse events or risks that may be associated with immunization and is unsure about which of the available information is correct. She is confused and does not know whether she wants to immunize her child.

Bonnie's case is a typical example of issues that health communication interventions can successfully address:

- Engaging Bonnie, her peers, and her community in discussing their perceptions and opinions about the pros and cons of immunization as well as any barriers, social norms, or other socially determined factors that may influence their decisions
- Providing Bonnie with research-based and reliable information on immunization
- Encouraging participation of Bonnie, her peers, other community members, and professionals across sectors in developing a communication intervention that would address existing barriers to immunization, and effectively integrate the opinions, preferences, and needs of parents and other key groups and stakeholders
- Improving Bonnie's communication with her pediatrician or health care provider by empowering her with information and questions to ask at clinical encounters
- Raising awareness among health care providers of patients' needs and most frequent concerns, and equipping them with training and resources on cross-cultural health communication, health literacy, and health disparities
- Developing tools such as brochures, posters, web pages, and other informational vehicles from reputable sources that will reinforce the information Bonnie will hear from her health care provider
- Encouraging peer-to-peer support by establishing venues, events, and social media-based forums where new mothers can discuss immunization and be supported on their decisions
- Raising awareness of the impact of vaccine-preventable childhood diseases and benefits of immunization among the general public by targeting consumer media, parenting publications, social media sites, and other vehicles so that Bonnie and other parents can become familiar with the severity of vaccine-preventable diseases and the benefits of immunization
- Advocating for policies, mandates, and other regulations that would increase ease of access to timely immunization, convey the importance of immunization in child and community protection, and also be inclusive of vulnerable and underserved populations as it may relate to their specific needs and concerns

- Addressing socially determined factors (for example, access to or quality of health services and information, education, living and working conditions, and others) that may contribute to low immunization rates in specific segments of the general population

Health communication approaches will work only if they rely on an in-depth understanding of Bonnie's and other new mothers' lifestyles, concerns, beliefs, attitudes, social norms, barriers to change, and sources of information about newborns and immunization. It would also be important to research and understand the cultural, social, and political environment in which Bonnie lives. What kind of support does she get from family, friends, and her working environment? Who most influences her decisions on her child's well-being and upbringing? What does she fear about immunization? Is there any existing program in her community that focuses on childhood immunization? What are the lessons learned? Does she have access to timely immunization? Does she feel satisfied with the way her health care provider communicates on immunization (in other words, does she feel that she can understand and relate to the information her provider discusses)? These are just some of the many questions that need to be answered before developing a health communication program intended to promote behavioral and social change among Bonnie and her peers.

Most important, any kind of health communication intervention needs to be grounded in communication theory and lessons learned from past interventions as well as an in-depth understanding of the full potential of the field of health communication. Communication is considered an important discipline in the attainment of the Millennium Development Goals ("the eight MDGs—which range from halving extreme poverty rates to halting the spread of HIV/AIDS and providing universal primary education, all by the target date of 2015—form a blueprint agreed to by all the world's countries and all the world's leading development institutions" in 2000; United Nations, 2013) as well as the post-2015 global agenda. In fact, health communication can help integrate population, health, and environment-related issues to improve public health and social outcomes in different countries. For example, emerging best practices in health communication in Rwanda have led to the creation of a Population, Health, and Environment (PHE) Network. This newly established East Africa PHE Network is designed to "improve communication about PHE issues among policymakers, researchers, and practitioners within Rwanda and throughout eastern Africa. The PHE Network serves as a forum for information exchange about cross-cutting PHE issues, community networking, accessing resources" and also relies on various traditional communication channels (for example,

community-level meetings, participatory planning) and mass and new media (for example, local radio, newspapers, and Internet).

In the United States, *Healthy People 2020*, the country's public health agenda for one decade, has defined several domains for health communication and health information technology, which are listed in the following.

Goal: Use health communication strategies and health information technology (IT) to improve population health outcomes and health care quality, and to achieve health equity.

The objectives in this topic area describe many ways health communication and health IT can have a positive impact on health, health care, and health equity:

- Supporting shared decision making between patients and providers
- Providing personalized self-management tools and resources
- Building social support networks
- Delivering accurate, accessible, and actionable health information that is targeted or tailored
- Facilitating the meaningful use of health IT and exchange of health information among health care and public health professionals
- Enabling quick and informed action to health risks and public health emergencies
- Increasing health literacy skills
- Providing new opportunities to connect with culturally diverse and hard-to-reach populations
- Providing sound principles in the design of programs and interventions that result in healthier behaviors
- Increasing Internet and mobile access

Source: US Department of Health and Human Services. *Healthy People 2020*. "Health Communication and Health Information Technology." <http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=18>. Retrieved July 2012b.

As you may realize yourself after reading this book, in many ways three of "these areas may encapsulate all others" (Schiavo, 2011b, p. 68): "Building social support networks . . . providing new opportunities to connect with culturally diverse and hard-to-reach populations . . . providing sound principles in the design of programs and interventions that result in healthier behaviors" (*Healthy People 2020*). These areas speak of innovation; the

integration of different communication areas, strategies, and media, and health and social issues (after all, there is no magic fix in health communication); the need to include disadvantaged groups and effectively connect with them as part of the communication process; and the importance of making sure that communication is grounded in theoretical models, planning frameworks, and lessons learned from past experiences.

About This Book

Since its first edition in 2007, *Health Communication: From Theory to Practice* has provided students and professionals from the public health, health care, global health, community development, nonprofit, and public and private sectors with a comprehensive introduction to health communication as well as a strategic review of advanced topics and issues that affect the field's theory and practice, and a hands-on guide to planning, implementing, and evaluating health communication interventions. This second edition further emphasizes the importance of a people-centered and participatory approach to health communication interventions, which should take into account key social determinants of health and the interconnection among various health and social fields.

Although maintaining a strong focus on the importance of the behavioral, social, and organizational results of health communication interventions, the second edition also includes new or updated information, theoretical models, resources, and case studies on health equity, urban health, new media, emergency and risk communication, strategic partnerships in health communication, policy communication and public advocacy, cultural competence, health literacy, and the evaluation of health communication interventions as they relate to various health topics.

Who Should Read This Book

There are many people who I hope will read this book and, if willing, share their perspectives and feedback with me in the years to come. The following is only a short list of professionals and health and social change agents for which this book is designed with the intention to help in everyone's efforts to make a difference in people's health and lives.

Academics: If you are a faculty member in a school or program in public health, global health, health communication, community health, communication studies, health education, nursing, environmental health, nutrition, journalism, design for social innovation, medicine, health and life sciences, social work, public affairs, international affairs, or psychology, the

multidisciplinary approach to health communication this book proposes will, I hope, complement other theoretical or practical approaches you may be using in your work, and provide you with a helpful didactic tool. I also hope that some of the theoretical concepts, lessons learned, and questions highlighted in this book will be further explored as part of your teaching and research efforts together with your colleagues, students, and relevant communities. The book is designed to fit most course schedules and to meet the needs of a variety of graduate and advanced undergraduate courses.

Students: Because health communication is an integral part of everyday life as well as various interventions for health and social change, I hope that this book will further motivate your interest in this field, and that some of its key concepts will stay with you throughout your career. The book is designed to provide you with some of the theoretical resources and practical skills to address the many challenges of any path you may decide to pursue. It also reflects my teaching philosophy, which is grounded in my commitment to help students develop essential strategic and critical skills, as well as my belief that all courses should be a forum for vibrant information exchange in which I learn from the students' perspectives while they learn from my experience. To this end, this second edition also incorporates the perspectives and suggestions of many of my students who used the first edition.

Health and social change agents: Regardless of whether you work in the public, nonprofit, academic, health care, or private sector, or a multilateral agency, I hope health communication, as described in this book, will complement your efforts to implement interventions that explore the connection between health and social issues, or support the creation of a movement for improved health outcomes and quality of life among different groups and populations, and ultimately promote behavioral, social, and organizational change. I hope that this book will help you achieve your vision.

Program managers: Because this book also includes many practical suggestions and a comprehensive hands-on guide, it is an easy-to-access resource for the development, implementation, and evaluation of health communication interventions, as well as for your training efforts of staff members and relevant partners.

Health care providers: Health communication is an increasingly important competency in provider-patient communication and professional medical communication settings because it is essential to improving patient outcomes and promoting widespread application of best clinical practices. This book covers both communication areas and also includes other relevant topics such as the role of health care providers in public health settings, using IT innovation to address emerging needs and global health workforce