



Health Communication

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PROGRESS REVIEW



Larry Fields, Senior Executive Advisor to the Assistant Secretary for Health, chaired a focus area Progress Review on Health Communication, the 10th in a series of assessments of *Healthy People 2010*. In conducting the review, he was assisted by staff of the Office of Disease Prevention and Health Promotion (ODPHP), which has the lead for this *Healthy People 2010* focus area, and by representatives of other offices and agencies within the Department of Health and Human Services (HHS). In welcoming participants to the review, Dr. Fields stressed the central role that health communication plays as a common denominator across all health domains. Its importance in public health interventions has been highlighted in the management of unprecedented recent events, including those related to bioterrorism, anthrax, West Nile virus, and severe acute respiratory syndrome (SARS). Cynthia Baur of ODPHP noted that the range of topics addressed by the objectives reflects the diversity and complexity of health communication processes, as well as the many ways that communication is part of public health and the healthcare system. A comprehensive set of plans for developing data sources for the developmental objectives and achieving the targets of the measurable objectives has been published as *Communicating Health: Priorities and Strategies for Progress*.

The complete text for the Health Communication focus area is available at www.healthypeople.gov/document/html/volume1/11healthcom.htm. The meeting agenda, data presentation (tables and charts), and other briefing book materials for the Progress Review can be found at www.cdc.gov/nchs/about/otheract/hpdata2010/fa11/healthcommunication11.htm.

Data Trends

Dr. Baur noted that all six objectives within the Health Communication focus area are expected to have baseline data by the time of the *Healthy People 2010* Midcourse Review in 2004–2005. In reporting on the status of focus area objectives, Richard Klein of the National Center for Health Statistics concentrated on the three objectives that are currently measurable. From 1998 to 2001, household access to the Internet (Obj. 11-1) increased nearly twofold, from 26 percent to 51 percent of the total population. Increases in household Internet access occurred for all population groups for which data are available. Among four racial/ethnic groups, black and Hispanic households had the lowest access rates in 2001 (31 percent and 32 percent, respectively),

compared with 68 percent for Asian or Pacific Islander households and 55 percent for white households. The rate of access by males was higher than that for females (45 percent, compared with 40 percent). Geographic location made little difference: 51 percent of urban households had access, compared with 49 percent of rural households. While the overall doubling in percent of access in 3 years' time is impressive, it is an open question whether momentum can be sustained to achieve the target—80 percent of households.

Health Communication Objective 11-6 aims to increase the proportion of persons who report that their healthcare providers have satisfactory communication skills. The objective divides provider communication

skills into four elements: (a) listening carefully, (b) explaining things clearly, (c) showing respect for what the patient has to say, and (d) spending enough time with the patient. In 2000, about the same proportion of the population 18 years of age and older reported that their healthcare providers always listened carefully (56 percent), always explained things clearly (58 percent), and always showed respect for what they had to say (58 percent). Only 45 percent reported that their providers always spent enough time with them. For each of the four elements, satisfaction with their providers' communication skills varied among the three racial/ethnic groups for which data were available, with the black population expressing the highest degree of satisfaction, Hispanics the lowest, and the white population in between. When

respondents were grouped according to their health insurance status, people with public health insurance expressed the highest degree of satisfaction, those without health insurance expressed the lowest, and those with private health insurance occupied the middle ground. Compared with younger age groups, people 65 years of age and older were the most satisfied with their providers' communication skills in each of the four elements.

Baseline data have recently been obtained for measuring progress toward increasing the number of Centers for Excellence that seek to advance the research and practice of health communication (Obj. 11-5). Four Centers focused on cancer communication have been identified.

Salient Challenges and Current Strategies

- **Internet access.** The Census Bureau, which provides data for the objective, is increasingly focusing on personal access to the Internet instead of location-based access (e.g., home, work, or school) because of the proliferation of personal access devices, such as cell phones and personal digital assistants.
- A shift in public policy emphasis from community access to household or personal access to the Internet might disadvantage low-income populations that cannot afford to buy Internet-ready devices.
- Community technology centers can provide access to and guidance on the use of communication technology not available elsewhere and frequently offer settings that clients prefer for their social aspects and technical support.
- **Health literacy.** The latest data show that about 50 percent of U.S. adults are in the two lowest of five levels of functional literacy skills. The data for the objective will focus on print health literacy, but health literacy is not just an ability to read. Instruments to assess other types of health literacy await development.
- Community health centers are often poorly equipped in resources and personnel to convey understandable health information to a diverse clientele.
- A forthcoming evidence-based review of health literacy from the Agency for Healthcare Research and Quality and an Institute of Medicine report could provide important elements of a research agenda for this field.
- Using the Internet, printed materials, and a toll-free call center, the National Medicare Education Program of the Centers for Medicare & Medicaid Services (CMS) provides beneficiaries with accurate, understandable information about benefits, rights, and health insurance options so they can make informed choices. (In 2001, about 30 percent of Medicare beneficiaries had access to the Internet.) An ongoing evaluation component that relies on feedback from users

helps CMS learn from beneficiaries what works best for them.

- **Health communication research and evaluation.** Currently, there is not a complete consensus on core competencies and definitions for health communication.
- As yet, HHS has no mechanism for tracking and disseminating the large amount of health communication research, especially formative research, that is already part of many HHS-funded programs.
- Public service messages about health concerns must compete for the public's attention with a multitude of messages of other kinds, many of high quality.
- **Quality of health Web sites.** There is insufficient research on what Internet users know about and think of the seals of approvals and other mechanisms on Web sites for conveying information about Web site quality.
- HHS lacks a systematic approach to the assessment and presentation of health information on its own Web sites.
- **Centers for Excellence.** Agencies and organizations that do not have large amounts of money to invest in Centers would likely still benefit by analyzing the relevance of the Center concept to their own operations.
- **Provider-patient communication.** Providing services in the languages of the patient populations can be difficult but is important. For example, community health centers in northern Virginia are able to provide counseling and other services to speakers of as many as 37 different languages in their native tongue.
- As part of its health literacy initiative, the American Medical Association has prepared toolkits demonstrating how physicians can best communicate with their patients.

Approaches for Consideration

Among suggestions offered during the review for steps that could be taken to bring about further progress in health communication were the following:

- Collaborate with schools, adult education programs, and technology training facilities to encourage the use of the Internet for health purposes.
- Refine and expand data collection on both household and personal use of the Internet using standards that will facilitate comparisons.
- Shape public policy on Internet access to take account of differing preferences and capabilities among generations, directing special attention to seniors.
- Collaborate with Internet search engines to identify mechanisms to help information seekers find reliable Web sites more easily and ascertain the importance for consumers of reputable seals of approval.
- Incorporate cultural competency into all public health efforts designed to enhance health literacy.
- In communicating health information, apply lessons learned from successful national campaigns, such as the VERB program to promote youth physical fitness and the campaign against sudden infant death syndrome.
- Ensure that information can be speedily disseminated to the public in cases of national health emergencies.
- Explore using the vehicle of the Surgeon General's Calls to Action to advance efforts to raise health literacy and improve the quality of health information.

- Design health information programs to target populations at risk for HIV/AIDS and other hard-to-reach groups.
- Expand programs to train healthcare practitioners and writers to better communicate health information.
- Provide incentives for practitioners to participate in communication skills training and identify opportunities to offer reimbursement or discounts based on applying these skills when communicating with patients.
- Leverage the experience of the National Cancer Institute's Centers of Excellence in Cancer Communications to support research and practice in non-cancer health communication.
- Develop guidelines for best practices in health communication research and practice.

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