To my brother, Michael, for the love and the laughs.
To Abe, who makes life an intergalactic adventure, and
Adam, Sarah, Angela, and Kristina, who provide Ground Control.
To Bibi, an ongoing inspiration. And finally,
to Mom and Dad, who set the course—"Ta shakkar."

—Claudia F. Parvanta
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ABOUT THE EDITOR:

Richard K. Riegelman, MD, MPH, PhD, is Professor of Epidemiology-Biostatistics, Medicine, and Health Policy, and Founding Dean of The George Washington University School of Public Health and Health Services in Washington, DC. He has taken a lead role in developing the Educated Citizen and Public Health initiative which has brought together arts and sciences and public health education associations to implement the Institute of Medicine of the National Academies’ recommendation that “…all undergraduates should have access to education in public health.” Dr. Riegelman also led the development of George Washington’s undergraduate major and minor and currently teaches “Public Health 101” and “Epidemiology 101” to undergraduates.
Our cover features Anne Schuchat, MD (RADM, USPHS), Assistant Surgeon General, United States Public Health Service (USPHS) and Director, National Center for Immunization and Respiratory Diseases (NCIRD) at the Centers for Disease Control and Prevention (CDC). Anne Schuchat has worked at the CDC since 1988 on immunization, respiratory, and other infectious diseases. Prior to her current appointment, she served as the director of the CDC’s National Immunization Program (NIP). Dr. Schuchat became “Dr. Anne” during the height of the H1N1 crisis. She is a public figure, and we felt that Anne truly represents the best of “Communicating to Inform” a worried public about a potential health risk, as well as what they can do to keep themselves safe.

The cover also features a community library and visiting information specialists. The organization and management of information, long the purview of librarians, is having a new life in our digital world with “health informationists” appearing as a possible job title, at least at the National Library of Medicine.

Flying off in the left corner is Edward Weston’s “Blue in the Face” mask. It is a symbolic reminder of the “do’s and don’ts” in health communication. We will speak more about this artwork in the introduction to the book. Photo courtesy of:

Frederick Weston
visualAIDS
526 West 26th Street Suite 510
New York, NY 10001
www.visualAIDS.org

Visual AIDS is an independent arts organization utilizing visual art in the fight against AIDS and supporting HIV+ artists.
To me, Frederick Weston’s “Blue in the Face” mask speaks to so many of the issues, and challenges, in health communication. Telling someone to do something until you are “blue in the face” is a folksy expression for what “not to do” in health communication. Weston has particularly emphasized the advice to take his medication (presumably for HIV) with food—advice he most likely found difficult, if not impossible, to follow. (One of the complications of HIV is often a lack of appetite, or feeling nauseated.) He has covered the mask, or perhaps even built it up, of the tiny labels affixed to pill bottles dispensed by pharmacies. Prescription drug labels are notoriously confusing, and many of us are working to improve how we share information with patients about their illnesses and their medications.

Moving deeper in the mask, we can ask if Weston modeled it over his own face, or that of a friend. Whether in the making, or in the wearing, there is always a real face behind a mask. And, as health communicators, we must strive to know the real person, and not stop at the level of a “persona.” We all use masks; we might call them clothing, hair styles, ways of speaking or posturing, to fit into a culture, or to set ourselves apart as individuals. When we “target” health communication, we often stop at the level of the mask. But when we “tailor,” or speak face-to-face, we attempt to take a truer measure of a person to make sure our message fits. Weston is not a “person with HIV,” although it is a mask he has to wear at times. He is a person.

As a piece of art, a mask is silent. But, Weston’s mask seems to have a “Mona Lisa” smile, with all the mystery that conveys. With its striking color, this mask, and this individual, wants to speak and be heard. Weston speaks not only for himself, but also for Visual AIDS, the organization that represented his work and brought it to a gallery, and the internet, where it could be found. And, Weston speaks for us all, as we all have at least one “imperfection” for which we seek a “cure.” And nagging us about it is probably not the way to go.

Finally, throughout human history, we have used masks as part of healing rituals. In some ways, they represent the earliest forms of “health communication,” as traditional healers interacted with their deities, or spirits, in an attempt to help the sick. In some ways, the mask represented the humility of the healer, acknowledging that he or she was merely an intermediary between the patient and the source of the cure. Can the same be said of healthcare providers today in how they present themselves to patients?

So, to me, Weston’s mask is a powerful symbol of what to do, and what not to do, in health communication. I hope it will serve as an inspiration to those who read this book, and perhaps go on to the career, and calling, of communicating for health.

—Claudia Parvanta
Many of the people who helped with ideas or materials for this book are credited where their contributions appear. We thank them for providing cutting edge thinking as well as examples of health communication in action. Their work represents some of the best of the best, and we truly appreciate being able to showcase it in the textbook.

In addition, I (Claudia Parvanta) am indebted to my fabulous teachers, mentors, and employers—who transformed a research anthropologist into a health communications specialist. In chronological order these are: William Novelli (and my immediate boss, Randi Thompson), Mary Debus, Eloise Jenks, William Smith, Margaret Parlato, and most influential of all, Vicki Freimuth. Now at the University of Georgia, Vicki ran the Office of Communication at the CDC. She brought me in to lead a team of health communication specialists, each of whom knew much more than I did in their individual areas of expertise. Vicki served not only as a fount of wisdom, but also as a role model for every form of communication imaginable in a very complex public health agency. Vicki set the managerial tone for letting qualified people do their work with relatively little interference. I tried to copy that style with a fabulous team in the Division of Health Communication (Vicki Beck, Galen Cole, Suzanne Gates, Allen Jannsen, May Kennedy, Susan Kirby, Cheryl Lackey, Clara Olaya, Huan Linnan before her), William Pollard, Christine Prue, Susan Robinson, and Brandon Varian). The "poodles" (compared to the media relations crew called the "bulldogs") were absolutely unbeatable in terms of their technical capacities, knowledge, and dedication to quality and public service. We all learned from each other, and the synergies (and CDCynergy) were worth a score of academic degrees in health communication. Many former "DHCers" contributed examples, insights and resources for this textbook from their current positions within or outside of the CDC.

I remain indebted to the next group of leaders in the CDC Office of Communication (formerly the Health Marketing Center) and the National Center for Health Informatics. These include Jay Bernhardt, Cynthia Bauer, Dogan Eroglu, Katherine Lyon Daniels, Cheryl Lackey, and Suzanne Gates who provided access, support, ideas, and encouragement throughout the writing of the book.

On the editorial side, Kristina Parvanta painstakingly prepared the figure logs, as well as several tables. Graduate students in public health, health policy, and marketing at the University of the Sciences contributed to the ancillary materials, chiefly: Patricia Lapera, Rahila Saeed, Raheel Arif, and Erika Hedden. The Jones & Bartlett Learning crew of Mike Brown, Sophie Fleck, and particularly Catie Heverling, Tracey Chapman, and Kate Stein all provided great help and support. I thank co-editor, Richard Harner, for having suggested (make that insisted) that I get my "own stuff" out there and providing support to the research, writing, and editing to make that happen. Co-editor David Nelson headed our previous textbook collaboration, providing the voice of experience, while serving as the “Chief Science Officer” on this mission. Co-editor Sarah Parvanta kept us all up to date and writing within the limits of a reasonable graduate workload.
Last but not least, I acknowledge the support of my Dean, Suzanne Murphy, the faculty and staff in the Department of Behavioral and Social Sciences, and my colleagues at the University of the Sciences in allowing me a lot of quality time to write. The same thanks are deserved by my family, who experienced my book deadlines with nearly as much relish as I.

Together with videos and additional materials, there are more acknowledgments on the book website. It really does take a village to write a textbook! Thank you to everyone.

—Claudia F. Parvanta, PhD
ASPH Competencies for MPH* Featured in the Text

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*Abbreviations and numbering per ASPH MPH Core Competency Model, Version 2.3, 2006 (www.asph.org/competency)

**DISCIPLINES**

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Prologue

*Essentials of Public Health Communication* provides an easy-to-use, comprehensive, and practical approach to understanding and applying principles of communications to a range of public health problems. Health communications and informatics have increasingly been recognized as key cross-cutting and integrative skills for all public health and health-care professionals.

The text is written by a unique group of colleagues who together have laid much of the foundation for today’s concept of health communication and informatics. Their joint efforts are reflected in the central role that health communications and informatics play in Healthy People 2020, the national goals for health by the end of the current decade. Their writing, teaching, and practice have given them the extensive and intensive experience that they draw upon in their writing.

*Essentials of Public Health Communication* provides an ideal text for implementing the health communication and informatics competencies recommended by the Association of Schools of Public Health and incorporated into the Certification in Public Health examination. It can also provide the basis for an undergraduate public health course aimed at integrating public health principles into the education of a wide range of undergraduate as recommended by the Association of American Colleges and Universities. Communications majors and pre-health professional students as well as those pursuing undergraduate public health will find the book engaging and empowering.

The book includes extensive examples drawn from the authors’ experience. The materials included in the book have undergone extensive testing in a range of education settings—from classrooms to communities to clinical and public health settings. You will quickly find that you are in the hands of experienced and expert teachers and practitioners. Take a look; I’m confident you will agree.

*Essentials of Public Health Communication* is a key contribution to the *Essential Public Health* Series. It can be used as a free-standing text or combined with other books in the series such as *Essentials of Health Behavior*. As editor of the *Essential Public Health* Series, I’m delighted that *Essentials of Public Health Communication* is now part of the series.

Richard Riegelman, MD, MPH, PhD
Series Editor
About the Editors

Claudia F. Parvanta, PhD, Professor and Chair, Department of Behavioral & Social Sciences, University of the Sciences, Philadelphia, Pennsylvania
Lead Author and Editor

Dr. Claudia Parvanta, Professor of Anthropology, teaches behavioral science research and culturally competent health communication to public health and health professions students at the University of the Sciences. Before joining the University of the Sciences in 2005, Parvanta headed the Division of Health Communication at the Centers for Disease Control and Prevention (CDC) for six years. She received the U.S. Department of Health and Human Services Secretary's Award for Distinguished Service for her contributions to the CDC's response to the 9/11 and anthrax attacks. Before the CDC, Parvanta was an Assistant Professor at the Rollins School of Public Health, Emory University; the Assistant Director of the U.S. Agency for International Development’s Nutrition Communication Project (for Porter/Novelli, a global marketing and public relations agency); and the consulting anthropologist for the Public Health Foundation WIC (Women, Infants and Children) program in Los Angeles, where she provided individualized client counseling to Southeast Asian women. She has designed, managed, or evaluated health and nutrition social marketing programs in more than 20 countries. Together with Nelson, Brownson, and Remington, she is the author of Communicating Public Health Information Effectively: A Guide for Practitioners (APHA, 2002).

David E. Nelson, MD, MPH
Director, Cancer Prevention Fellowship Program
National Cancer Institute, National Institutes of Health
Captain, U.S. Public Health Service
Editor, Chapter Contributor

David E. Nelson, MD, MPH, currently heads up the National Cancer Institute’s Cancer Prevention Fellowship Program, previously spearheaded efforts to develop the Health Information National Trends Survey (HINTS) for NCI, was the Acting Director of the Bureau of Smoking or Health, and directed the Behavioral Risk Factor Surveillance System (BRFSS) for the CDC. He was the lead author (with Brownson, Parvanta, and Remington) of Communicating Public Health Information Effectively: A Guide for Practitioners (APHA, 2002), as well as the author of Making Data Talk (Oxford University Press, 2009). He has contributed to, and edited, the chapters in Section II: Informing and Educating People about Health Issues.
Sarah A. Parvanta, MPH
Annenberg School of Communication
University of Pennsylvania
Philadelphia, Pennsylvania
Editor, Chapter Contributor

Sarah A. Parvanta, who received her MPH from the University of North Carolina in 2007, is now enrolled in a PhD program in Health Communication at the Annenberg School of Communication, University of Pennsylvania. As a journalism student, Parvanta interned with the Health Unit of CNN in Atlanta, working for Dr. Sanjay Gupta, among others. She also spent two years supporting the Department of Cancer Prevention and Control at CDC, as a health information consultant. Despite these years of professional experience, Parvanta brings a youthful perspective to the material, helping to ensure that the text makes sense not only to new learners, but also to her generation of students. She is the lead author for the chapters on theory and new media, and she edited all the chapters in Section III: Being Persuasive: Influencing People to Adopt Healthy Behavior.

Richard N. Harner, MD
Adjunct Professor of Neuroscience
University of the Sciences
Philadelphia, Pennsylvania
Editor, Chapter Contributor

Richard N. Harner, MD, is a clinical neurologist with more than three decades of clinical, teaching, and research experience. He directed the Neurology Department at the Graduate Hospital of the University of Pennsylvania and established the first center for the comprehensive medical and surgical treatment of epilepsy in the eastern United States. After 20 years, he moved to become Professor and Vice Chairman of Neurology at the Medical College of Pennsylvania, where he established a second epilepsy center and directed postgraduate neurology education. He has authored numerous scientific articles, does private consulting for the biotech and pharmaceutical industry, and teaches as an Adjunct Professor in the Department of Behavioral and Social Sciences at the University of the Sciences in Philadelphia. Harner is the lead author for the chapter on patient–healthcare provider communication, and he provided constructive input and expertise to virtually all of the chapters in the book.
Major Contributors

Bridget C. Booske, PhD, is a Senior Scientist, Population Health Institute, School of Medicine and Public Health, University of Wisconsin, Madison.

Ross Brownson, PhD, directs the Prevention Research Center, George Warren Brown School of Social Work, Washington University in St. Louis, Missouri. He is also affiliated with the Department of Surgery and Alvin J. Siteman Cancer Center, Washington University School of Medicine, Washington University in St. Louis. Brownson is a former member of the Task Force for the Guide to Community Preventive Services and is also the editor or author of the books: Chronic Disease Epidemiology and Control, Applied Epidemiology, Evidence-Based Public Health, and Community-Based Prevention.

David W. Cragin, PhD, DABT, is an Adjunct Professor, Department of Health Policy and Public Health, University of the Sciences, Philadelphia, Pennsylvania and Professor of International Pharmaceutical Engineering Management, Peking University, Beijing, China.

Ellen Jones, PhD, is Senior Program Consultant, National Association of Chronic Disease Directors, Atlanta, Georgia, and School of Health Related Professions, University of Mississippi Medical Center, Jackson.

May Grabbe Kennedy, PhD, MPH, is an Associate Professor and Graduate Studies Director in the Social and Behavioral Health Department, Virginia Commonwealth University, School of Medicine, Richmond.

David Kindig, MD, PhD, is Emeritus Professor and Emeritus Vice Chancellor for Health Sciences, School of Medicine and Public Health, University of Wisconsin, Madison.

Patrick L. Remington, MD, MPH, is Associate Dean for Public Health and Professor, School of Medicine and Public Health, University of Wisconsin (UW), Madison. Remington worked as a medical epidemiologist at the CDC and as a State Epidemiologist and Chief Medical Officer for Chronic Disease at the Wisconsin Division of Health prior to joining the UW faculty. He is an author, with Brownson, of Chronic Disease Epidemiology and Control, and of numerous articles demonstrating the use of surveillance data to improve population health. He currently is on the advisory committee for Healthy People 2020.
Major Contributors

Section Contributors

Box 9.5 Sarah Bauerle Bass, PhD, MPH, and Tom Gordon, PhD
Department of Public Health
Temple University

Box 11.1 The Advertising Council, New York

Box 11.2 Sandra de Castro Buffington, Director
Hollywood, Health & Society, Norman Lear Center
Annenberg School of Communication, University of Southern California

Box 11.3 Ann Aikin, MA; Holli Hitt Seitz, MPH; Janice R. Nall, MBA; Jessica Schindelar, MPH; Centers for Disease Control and Prevention

Box 11.4 Wen-ying (Sylvia) Hou, PhD, MPH
Cancer Prevention Fellow, HCIRB
National Cancer Institute

Box 11.5 Sarah Marchetti, Digital Influence Strategist
Ogilvy Public Relations Wordwide

Box 11.6 Sabira Taher, MPH, Campaign Manager, Health Media and Marketing
New York City Department of Health and Mental Hygiene

Box 11.7 Amy Struthers, PhD, Assistant Professor of Advertising
College of Journalism and Mass Communications
University of Nebraska, Lincoln

Box 11.8 Jane D. Brown, PhD, and James L. Knight, Professor
University of North Carolina
School of Journalism and Mass Communication

Box 12.2 Patricia McLaughlin, Assistant Vice President of Communications, LEGACY, Washington, DC
Joshua Cogan Photography, images

Case Studies Used Throughout the Book

CDCynergy: Folic Acid
Christine Prue, PhD, Centers for Disease Control and Prevention
Katherine Lyon-Daniel, PhD, Centers for Disease Control and Prevention
Lynn Solder, MS, Centers for Disease Control and Prevention
(Folic Acid work done while at Prospect Associates.)

Bangladesh Nutrition Education Project
Claudia Parvanta, PI, Emory University, Rollins School of Public Health
Amy Cornelli, PhD, University of North Carolina (photographer)
Kate Thomas, MPH, University of Washington
Sabrina Zahman, Trishna Chaabra, Emory University RSPH student researchers
Linda Keiss and Sultana Rahmann (then of Helen Keller, Dhaka)
Indu Alluwalia, Centers for Disease Control and Prevention
People of Dinajpur, Bangladesh

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