



Essentials of Public Health Communication

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Production Credits

Publisher: Michael Brown
Associate Editor: Catie Heverling
Editorial Assistant: Teresa Reilly
Associate Production Editor: Kate Stein
Senior Marketing Manager: Sophie Fleck
Manufacturing and Inventory Control Supervisor: Amy Bacus
Composition: Auburn Associates, Inc.
Art: diacriTech
Cover Design: Kristin E. Parker
Cover Image: Top image: Courtesy of James Gathany/CDC; Bottom images, from left to right:
Courtesy of Visual Aids/Artist: Fred Weston; Courtesy of James Gathany/CDC
Printing and Binding: Malloy, Inc.
Cover Printing: John Pow Company

Library of Congress Cataloging-in-Publication Data

Essentials of public health communication / Claudia F. Parvanta, lead author and editor-in-chief ... [et al.].

p. ; cm.

Includes bibliographical references and index.

ISBN 978-0-7637-7115-7 (pbk.)

1. Communication in medicine. 2. Public health. 3. Health education. 4. Medical informatics. I. Parvanta, Claudia F.
[DNLM: 1. Communication. 2. Health Education—methods. 3. Communications Media. 4. Health Promotion. 5. Public Health Informatics—methods. WA 590 E78 2010]
R118.E87 2010
362.101'4—dc22

2010015270

6048

Printed in the United States of America

14 13 12 11 10 9 8 7 6 5 4 3 2 1



Dedication

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 shakkor*.

—Claudia F. Parvanta



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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.



About the Cover

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 information- alists" 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

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Visual AIDS is an independent arts organization utilizing visual art in the fight against AIDS and supporting HIV+ artists.



Introduction

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



Acknowledgments

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 Janssen, 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

Chapter	BS	E	HPM	SBS	C&I	D&C	L	P	PP
1					1		1	1,6,9	1
2		8	5,6,10	1-5,8,10	2,4,10	5,10	2	1,4,6	1
3	5,8-10	5,8,9	2,9		1-3,5-9	10		3	
4	9,10	4,8-10	9	8	1,4,7-9			3,4	10
5	8-10	1,4,8	4,9,10	6,9	1-3,6-10	3,10	2,7-10	1,3,6, 10	1,9
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7		8		3,6	2-7	3,7,8,10			1
Section II Summary					1-10	3,8,10			
8			6	1,5,9,10	2,4,6	10			4,5,6
9			6	1-3,5,6,10	4	5,6,9,10			6,7
10	9	9	5,6	1,5,8,10	1, 4-9	10	7	10	2,5
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12			6	1,3-6,9,10	4,6,8,9				7,10
13			6,8,10	5,9	4		7,9		5,8,9
14	9	9	5	5,8	8	10		10	3-7, 9,10
15		8		9	5,7	1,2,8,9	4,9	5	
16	5,9,10	5,9,10	9,10	1,8	2,4,6,7,9	10	1	1,10	2,9

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

DISCIPLINES

BS	Biostatistics
E	Epidemiology
HPM	Health Policy and Management
SBS	Social and Behavioral Sciences
EHS	Environmental Health Science (Chapter 16 provides content for competency EHS 7.)
PHB	Public Health Biology (We do not discuss this.)

CROSS-CUTTING

C&I	Communication & Informatics
D&C	Diversity and Culture
EHS	Environmental Health Sciences
L	Leadership
P	Professionalism
PP	Program Planning
ST	Systems Thinking (This competency is very abstract, but many of the chapters are systematic in their approach.)



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
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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).

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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.

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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.

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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.



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Additional Chapter Acknowledgements and Comments

Cover: Thank you to Frederick Weston for use of his artwork on the cover. Thank you to Amy Sadao, Executive Director, Visual AIDS, for facilitating connection to the artist, as well as providing the image and gallery permission.

Chapter 3: Acknowledgments to Susan Salkowitz, Ruth Gubernick, Anne Turner, Dwayne Jarman, Stephen Marcus, Linda Pederson, Patrick O'Carroll, and Rita Kukafka for their contributions to this chapter.

Chapter 8: Dedicated to Martin Fishbein, PhD (died December 2009).

Chapter 10: Acknowledgments to Matthew Kreuter and Victor Strecher for sharing website resources on tailoring, and to L. Kay Bartholomew and Guy S. Parcel for sharing website resources on information mapping.

Chapter 16: Acknowledgments to Barbara Reynolds, PhD, the CDC, Julia Galdo, Prospect Associates, Peter Sandman, and Vincent Covello.

