COMMUNICATING HEALTH INFORMATION TO DISADVANTAGED POPULATIONS

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The Disadvantaged

Defined:

- Socioeconomically: e.g., income, education, occupation
- Demographically: e.g., racial/ethnic minority

Of special concern because:

1. disadvantage correlated with illiteracy and lack of English fluency
2. these barriers create a health information and comprehension divide
The Problem

Social Disadvantage

Information Disadvantage

Health Disadvantage
Current Understanding of Problem

- Contributions from the research literatures in
  - Medicine and public health
  - Information sciences
  - Communication

- Intervention strategies focusing on
  - Technology
  - Interpersonal communication
  - Mass media
African American Native American

Low Income

Less Education

Higher Infant Mortality

Greater Incidence Of Disease

Higher Adult Mortality
Medicine and Public Health Literature: Unanswered Questions

- African American
- Native American
- Low Income
- Less Education

- Higher Infant Mortality
- Greater Incidence Of Disease
- Higher Adult Mortality
Information Sciences Literature: Continuum of Information Behaviors

- **Seeking:**
  - active efforts to obtain information beyond normal patterns of exposure

- **Scanning:**
  - encountering information in a non-strategic manner within normal patterns of exposure

- **Non-seeking:**
  - not looking for information

- **Avoiding:**
  - actively avoiding information
Information Sciences Literature: Information Behaviors Among the Disadvantaged

Disadvantaged Populations

Seeking:
active efforts to obtain information beyond normal patterns of exposure

Scanning:
encountering information in a non-strategic manner within normal patterns of exposure

Non-seeking:
not looking for information

Avoiding:
actively avoiding information
Communication Literature: Knowledge Gap Hypothesis

Acquisition of Information

Potential Access to Information

Advantaged

Disadvantaged

Knowledge Gap
Strategies to Reduce Information & Health Disparities

Social Disadvantage

Information Disadvantage

Health Disadvantage

Technology Interventions

Interpersonal Communication Interventions

Mass Media Interventions
Intervention Strategies: Technology

Disaggregating the “Health Information Divide” Problem

Disparities between disadvantaged and others in:

- computer and Internet *access*
- computer and Internet *skills*
- *comprehending* online health information
Intervention Strategies: Technology
Disparities in Access

Computer in the Home

Accessed Online Health Information
Closing the Divide

Access

- Public spaces vs. individual homes

Skills

- hands-on training in small (≤5) classes + on-call troubleshooting (e.g., Duquesne Nursing School seniors program)
- individual households who live in multifamily housing and who own a computer may become “hub” of activity (e.g., Head Start NCI demonstration)

Comprehending Online Health Information

- “edutainment”: animation; multimedia narrative format (e.g., soap opera)
- culturally appropriate: proper translation; account for different health care values, beliefs, practices
- “tailored communications” or “strategic messages” in computer-based health communications

Caveats & Conclusions

- field is in its infancy
- descriptive research only (e.g., no RCTs)
- effects of information on health behavior a wide open frontier
Intervention Strategies: Interpersonal Communication

The Community Health Worker Model

• Trained lay people
  – Provide culturally-appropriate health information to their peers
  – Encourage preventive health care, appointment attendance, and medication adherence
  – Educate providers about community needs and culture
Intervention Strategies: Interpersonal Communication

The Community Health Worker Model

Evaluation of community health worker programs:

- Support for:
  - Increased access to care
  - Increased immunization and cancer screening rates
  - Improved outcomes for selected infectious diseases

- Less support for:
  - Increased health knowledge

- Insufficient evidence to assess which type of program is most effective
Intervention Strategies: Mass Media

Entertainment Education

• Intentional placement of health information in entertainment, most commonly, in fictional TV series
  – In U.S.: through media advocacy of entertainment industry
  – In developing countries: through partnerships between health experts and entertainment industry

• Theoretical advantages of entertainment education
  – Wide dissemination
  – Accessible among less literate populations
  – May circumvent resistance to explicitly educational or persuasive communication
Intervention Strategies: Mass Media

Entertainment Education

Evaluation of entertainment education programs

– Support for:
  • Increased short-term health knowledge
  • Subsequent health information seeking

– Less support for:
  • Improved health outcomes

– Few rigorous evaluations, particularly of U.S. programs
Conclusions

• Literatures offer complementary perspectives on the communication of health information to disadvantaged populations

• Information disparities represent one potential causal link between social disadvantage and health disparities

• Many promising and diverse strategies to address information disparities exist, but more rigorous evaluation is needed

• Looking to the future, there is cause for both optimism (e.g., the health care consumer movement) and pessimism (e.g., the growing numbers of unemployed and uninsured)