

COMMUNICATING HEALTH INFORMATION TO DISADVANTAGED POPULATIONS

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The Disadvantaged

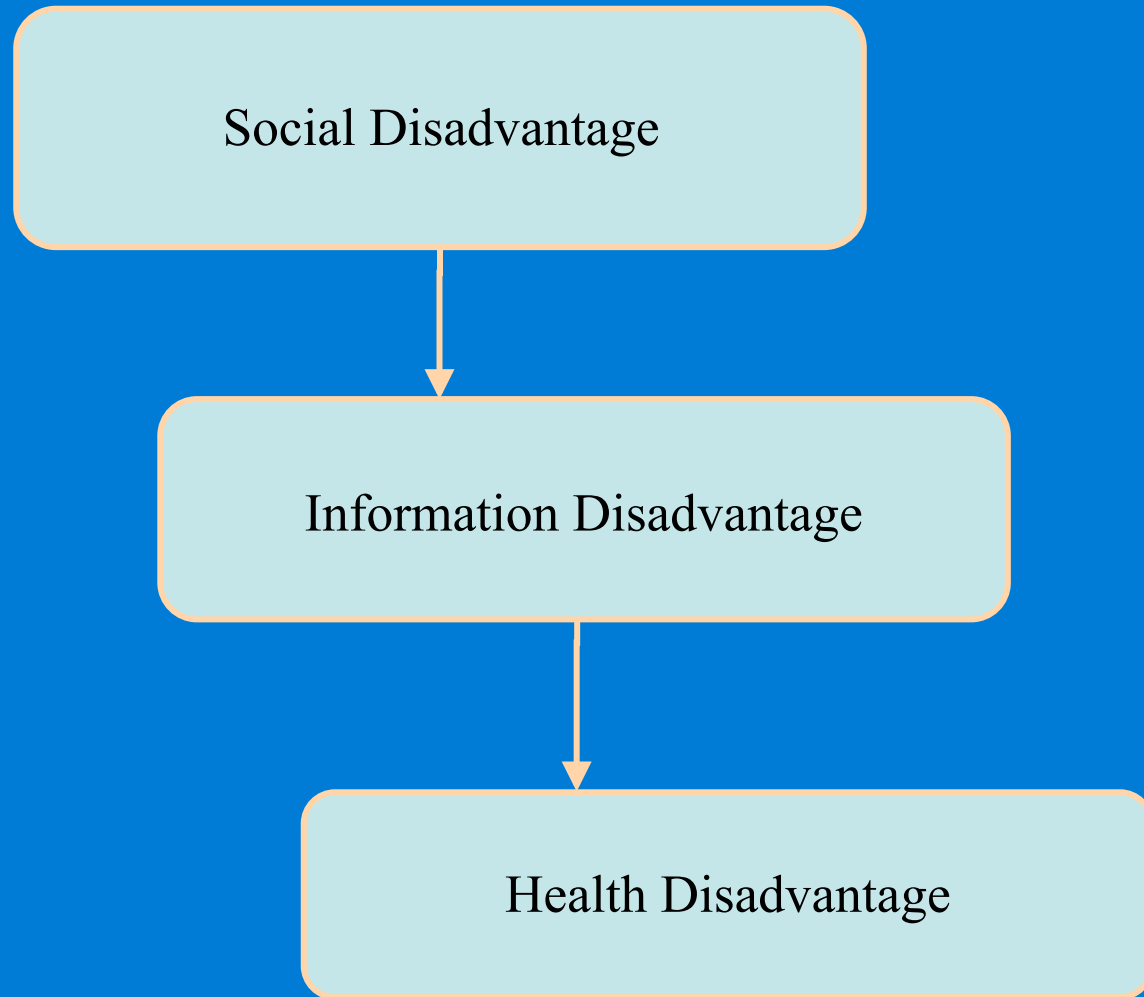
Defined:

- . 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

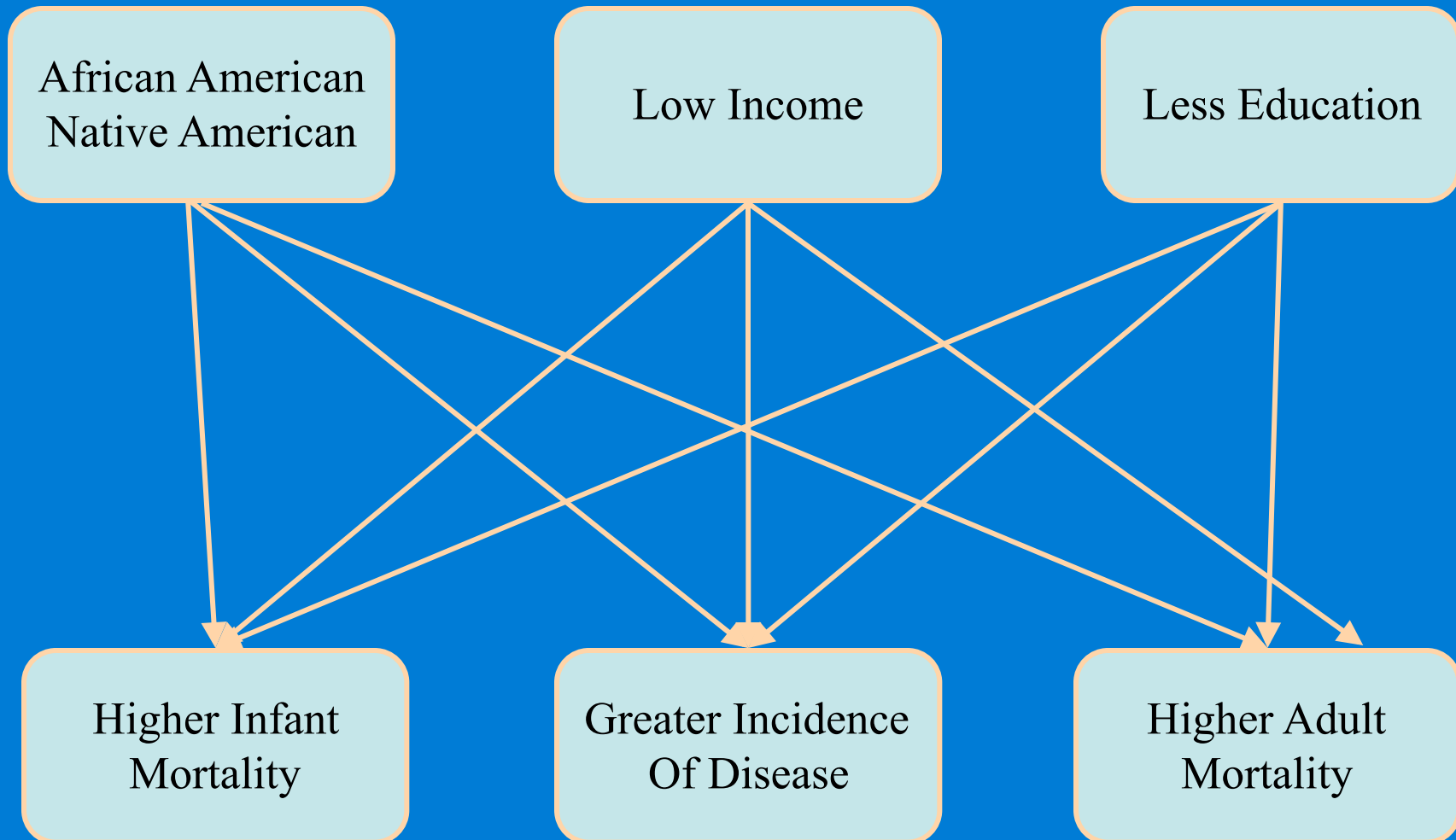
The Problem



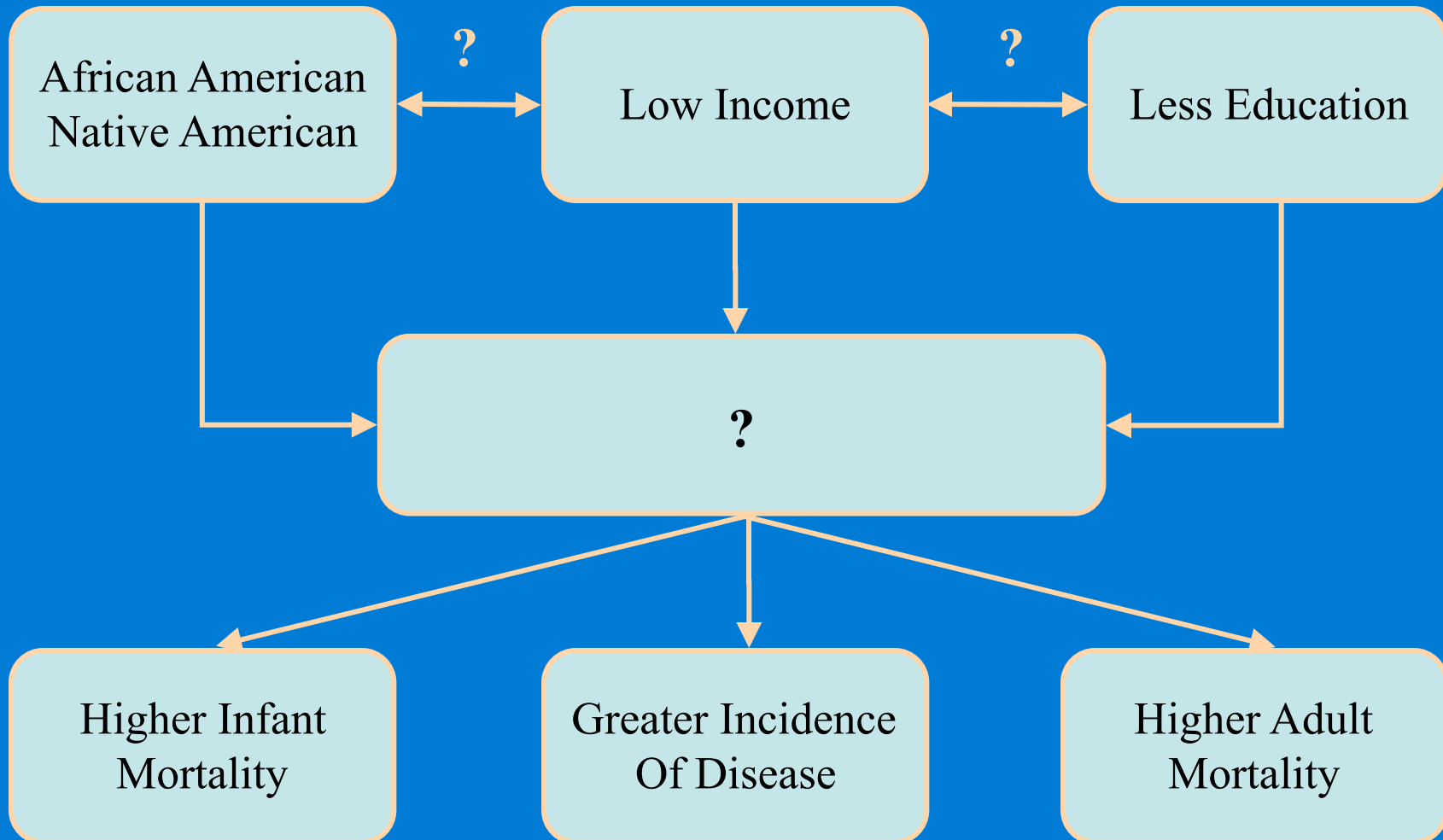
Current Understanding of Problem

- Contributions from the research literatures in
 - Medicine and public health
 - Information sciences
 - Communication
- Intervention strategies focusing on
 - Technology
 - Interpersonal communication
 - Mass media

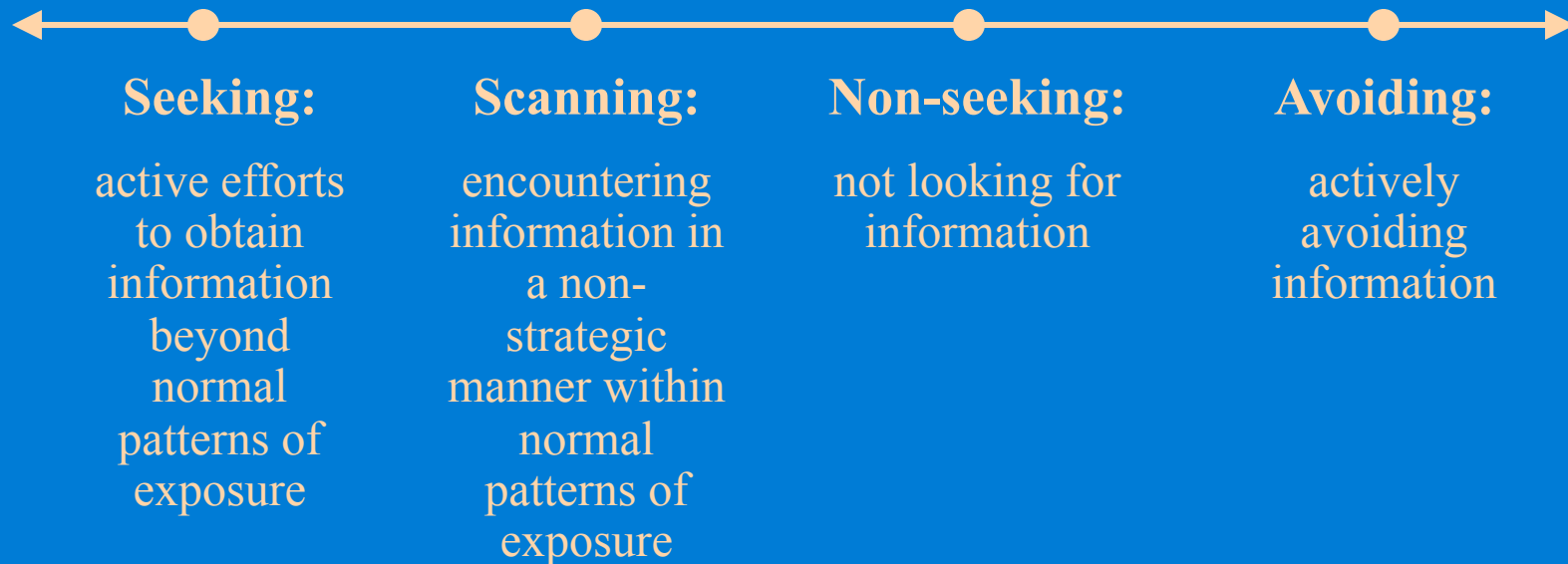
Medicine and Public Health Literature: Documentation of Health Disparities



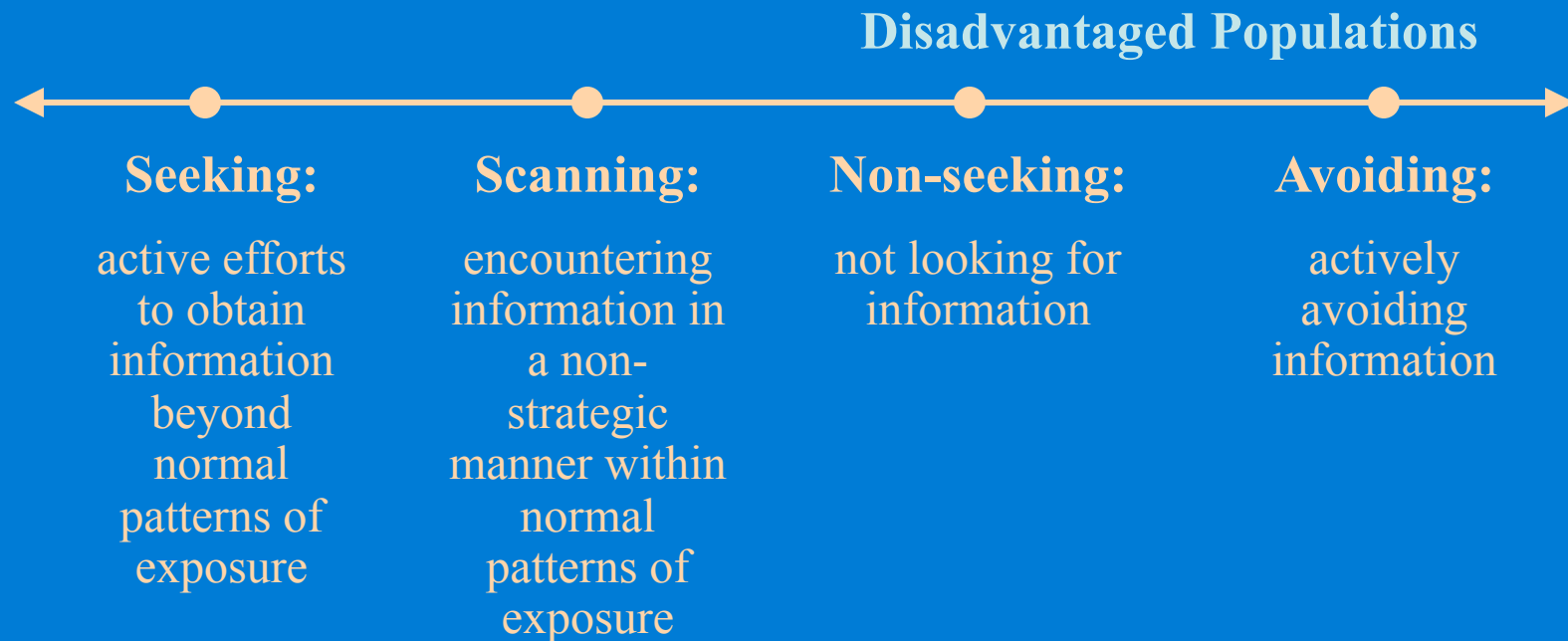
Medicine and Public Health Literature: Unanswered Questions



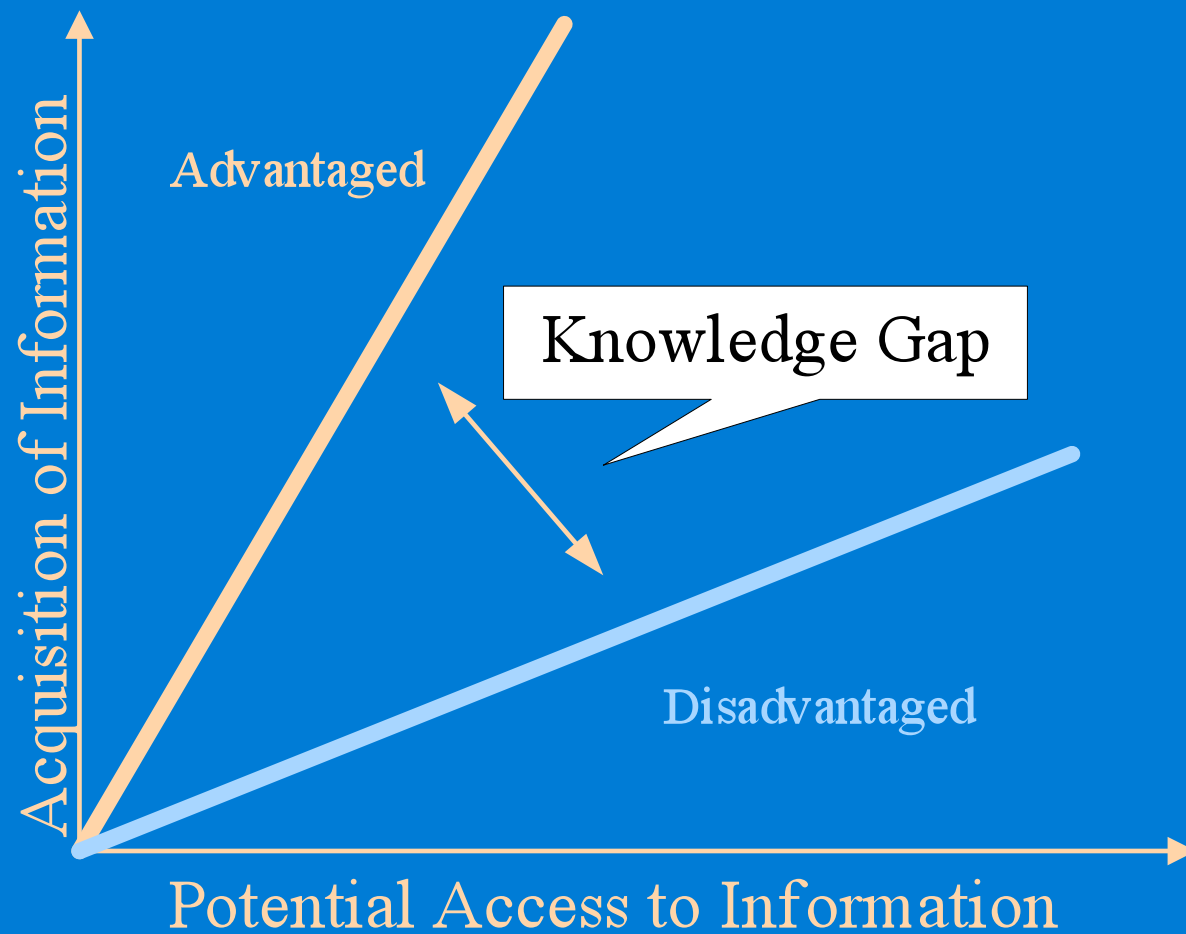
Information Sciences Literature: Continuum of Information Behaviors



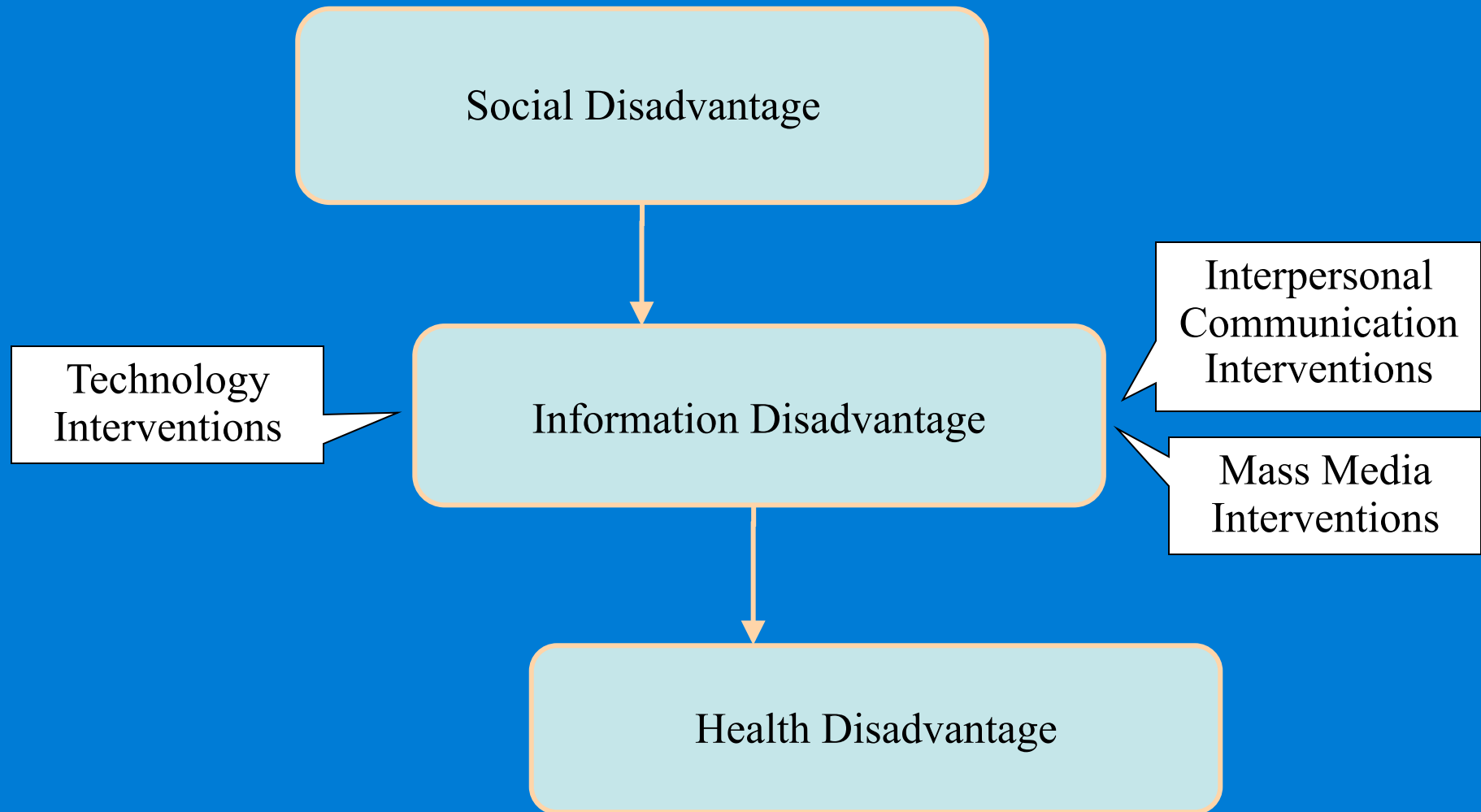
Information Sciences Literature: Information Behaviors Among the Disadvantaged



Communication Literature: Knowledge Gap Hypothesis



Strategies to Reduce Information & Health Disparities



Intervention Strategies: Technology

Disaggregating the “Health Information Divide” Problem

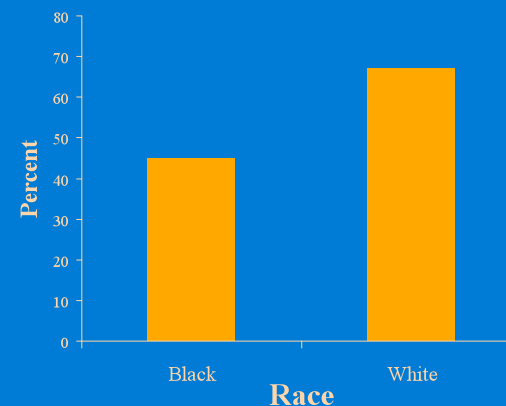
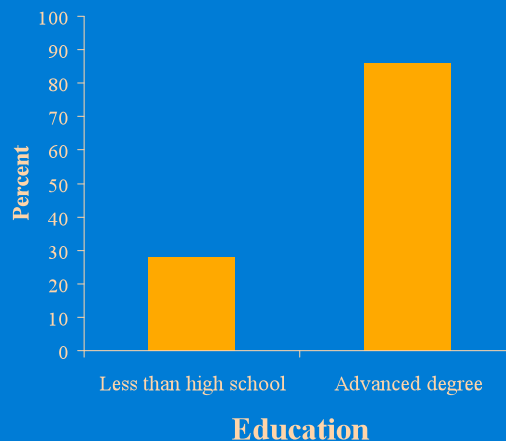
Disparities between disadvantaged and others in:

- . computer and Internet *access*
- . computer and Internet *skills*
- . *comprehending* online health information

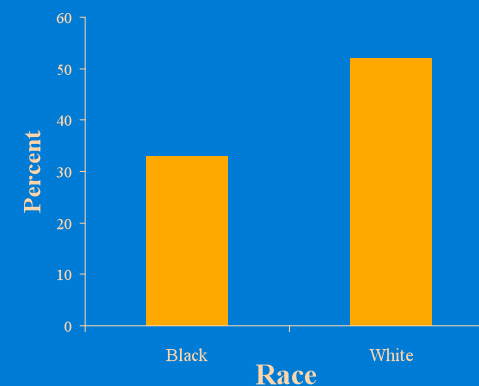
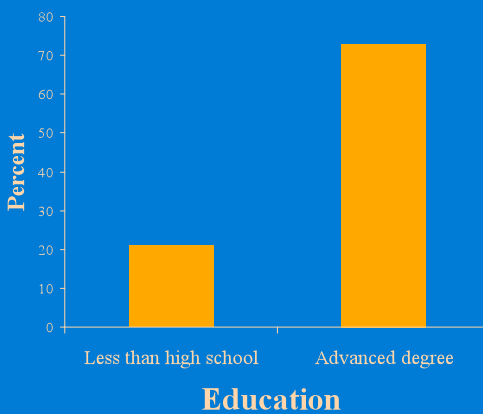
Intervention Strategies: Technology

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)