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Health information and communication are important, powerful tools for the adoption of the healthy behaviors necessary to prevent and control communicable and noncommunicable diseases. Human behavior is a major factor in health outcomes, and health investments, to be successful, must focus on behavior in addition to provision of health services and facilities. People must understand the need to adopt or change health behaviors, and this can come about through effective health communication.

PAHO health communication efforts are concentrated in two offices: the Health Communication Unit in the Division of Health Promotion and Protection, with the mandate to strengthen the capacity of PAHO to promote health by planning, implementing, and evaluating communication programs. The other is in the Office of Public Information, whose function is public relations and news aspects of health communication. These units support the needs of the Organization and of countries in these fields.

This document contains a historical, conceptual, and operational review of aspects related to information and communication in health. It analyzes lessons learned from technical cooperation in recent years and the functional approaches of technical cooperation with the countries. It also outlines some of the important aspects of information and communication in health to be developed in future years. It asks the Subcommittee on Planning and Programming (SPP) to review and comment on this document to recommend changes it deems appropriate in the programs and projects involved.

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EXECUTIVE SUMMARY

At its 121st Session (September 1997) the Executive Committee requested that the topic “Communication in Health” be reviewed by the Governing Bodies. The Director is pleased to present to the Subcommittee on Planning and Programming (SPP) an analysis of the regional situation and a review of the history, work, and future development of PAHO programs focused on communication in health.

This document reviews the history, background, and current program activities in information and communication in health in PAHO, describing how health information and communication, together with community participation and health education, are the most important tools for the adoption of health behaviors. It outlines the functional approaches of technical cooperation and the lessons learned in health communication in recent years and summarizes future cooperation activities with ministries of health, ministries of education, universities, and the media.

The document specifies PAHO’s communication work in the Health Communication Program of the Division of Health Promotion and Protection, and in the Office of Public Information. It outlines the justification, organization, and operational characteristics for each of these offices and defines areas of work in health communication. These include organizational communication, media literacy, health journalism, social marketing, risk communication, education through entertainment, social communication, and media advocacy.

The document details future technical cooperation activities with the countries in the areas of health communication policies, programs, activities, training, coordination with other ministries, and curriculum development.

1. Background

1.1 *Historical Development of PAHO's Health Communication and Information Programs*

The Pan American Health Organization has been a major partner in promoting health and well-being through communication programs from its earliest years. In 1926, the First Conference of Directors of Health of the American Republics passed a resolution noting “the great educational importance effected in public health through films.” Throughout the years, resolutions were passed by the Governing Bodies reaffirming the Organization’s commitment to promote health and well-being using multiple channels of communication.

In 1986, the *Ottawa Charter for Health Promotion* outlined the main thrust of the health promotion movement, defining health promotion as “the process of enabling people to increase control over, and to improve, their health.” The Charter further specified that the media are key actors for health promotion.

At the 23rd Pan American Sanitary Conference in September 1990, the strategic orientations and program priorities for the Pan American Health Organization for the 1991-1994 period were approved through Resolution CSP23.R13. One of the topics included was the use of social communication, which stated:

It is crucial that the mass communications media, the content of basic education, and the community discussions feature important health information. This will enable individuals in the population to make informed decisions on their own health and that of their families and communities.

This was followed by the 1995-1998 strategic and programmatic orientations, which stated:

The use of information as an instrument of change should be a major area of work. The transmission of information to individuals and groups through social communication will create the knowledge that will form the basis for changes of attitude and practice. Information should be targeted to specific community groups as well, with a view to influencing policy or encouraging the adoption of health-oriented public policy, which is a key component of health promotion.

On 30 September 1993, the 39th Directing Council adopted Resolution CD37.R14 on “Health Promotion in the Americas,” which resolves: “To urge the Member Governments to: . . . include social communication and education campaigns promoting the responsibility of the people, as key instruments in community health programs.”

In March 1996, the Secretariat issued a directive detailing a communication and public affairs policy, which was based largely on a similar document adopted by the World Health Organization.

The Jakarta Declaration on Health Promotion into the 21st Century, adopted at the International Conference on Health Promotion in July 1997, stated that access to media and communication technology is important to move health promotion forward.

1.2 Situation Analysis

The demographic, epidemiological, and socioeconomic characteristics of the countries in the Region of the Americas have changed significantly in the past decade. Fertility rates are lower, as are infant mortality rates and deaths from infectious disease. As a result, people are living longer, the populations of the countries have grown, and there has been a trend toward massive urbanization, concentrating millions of people in “megacities” surrounded by rings of poverty. These large groups of people, bombarded daily by commercial messages of all sorts, are served by health systems with an important opportunity to reach them with preventive messages.

The populations of the Americas, although still “young,” are “graying,” experiencing higher rates of heart disease, high blood pressure, diabetes, cancers, multiple threats of increasing violence in urban and rural areas, and deteriorating environmental conditions. The Americas labor under the double burden of the not-yet-controlled traditional diseases of underdevelopment, such as malaria, dengue, and cholera, as well as a steady increase in degenerative noncommunicable diseases. The new epidemic of HIV/AIDS has claimed an estimated 2.5 million infections and 471,855 deaths in the Americas, while there are some 40 to 50 million new cases of sexually transmitted diseases each year.

Among the disadvantaged sectors of society, the main causes of disease and death continue to be diarrheal diseases, acute respiratory infections, diseases preventable by immunization, and endemic and parasitic infections. However, these coexist with cardiovascular disease, cancer, accidents, and the consequences of violence, along with perinatal conditions, which are becoming leading causes of death. Chronic degenerative diseases, mental disorders, and alcohol, tobacco, and drug addiction are increasingly becoming causes of disabilities and morbidity. The incidence of these diseases is increasing as the risk factors become more common and widely distributed geographically and socially.

1.3 Effectiveness of Health Communication and Information Programs

Information and communication on health are crucial for the adoption of healthy individual and collective lifestyles in both communicable and noncommunicable diseases. Significant discoveries in medicine have blurred our vision on the role of health behavior, whether in its promotion, maintenance, or recovery. The World Bank publication, *Communicating for Behavior Change: A Tool Kit for Task Managers*, notes:

Because human behavior is a major factor in health outcomes, investments in health must focus on behaviors as well as health facilities and service provision. Solving health problems requires that people understand and are motivated to adopt or change certain behaviors. Thus effective communication must be a part of any health investment strategy.

Health communication is a key strategy to inform the public about health concerns and to maintain important health issues on the public agenda. It has long been recognized that much of the modern culture is transmitted by the mass media.

Health communication programs have shown great effectiveness in projects such as the 50% reduction in ischemic heart disease mortality using extensive communication activities in North Karelia, Finland; the increased use of oral rehydration solutions in Honduras and other countries after communication programs; and many others. Many countries have made successful use of the media in achieving high immunization coverage, in controlling cholera, and in other public health goals.

2. Health Communication in the Division of Health Promotion and Protection

2.1 *Justification*

Health communication is defined as “the modification of human behavior and environmental factors related to that behavior which directly or indirectly promote health, prevent illness or protect individuals from harm.” The key elements of a health communication program are the use of persuasion theory, audience research and segmentation, and a systematic process of program and product development.

The interest in understanding what motivates people to adopt or not adopt healthy behaviors that will improve their quality-of-life has been a research topic for many disciplines since the 1970s. Among the theories frequently used to explain this process are those related to stage models of behavior change and the persuasion theories.

The theories on models of behavior change posit that the adoption of healthy behaviors is a process in which individuals progress through various stages until the new behavior becomes part of the daily routine. The models emphasize that mass mediated messages and programs are more effective in the earlier stages while interpersonal communication and community-based social-support networks are critically important during the later stages. Information is crucial to encouraging movement from one stage to the next. The type of information needed varies, however, according to the stage of the population.

The persuasion theories and models, also referred to as behavior theories, present a framework for understanding human behavior and its determinants. Among the persuasion theories and models that are robust across cultures and health behaviors are the health belief model, the theory of reasoned action, and the social learning theory.

Audience research, key to developing successful health communication programs, is used to prepare relevant messages, information, and materials and to identify channels most likely to reach and influence those who are most at risk. The audience is further segmented to identify the largest possible groups of people sharing similar values, having similar beliefs, or sharing other key attributes that will affect their attentiveness and response to health information. Products are then tested through focus groups or other validation processes to ensure the correct message is understood.

Health communication programs are planned, implemented, and evaluated following systematic guidelines. The Division of Health Promotion and Protection uses a six-stage process based on the model developed by the National Cancer Institute. The stages include planning and strategy selection, selecting channels and materials, developing materials and pretesting, implementation, assessing effectiveness and efficacy, and feedback to refine program.

The United States Centers for Disease Prevention and Control uses a 10-step framework and the World Bank a five- step process. In essence, the processes are similar, with a clear intent to understand the perceptions, beliefs, values, and practices of the population at risk and to develop communication strategies that will engage and persuade them to adopt healthy lifestyles.

2.2 Organization

Based on the focus of promoting healthy lifestyles and social environments conducive to health, the Health Communication Unit was placed within the Division of Health Promotion and Protection (HPP) in the Program on Healthy Lifestyles and Mental Health (HPL).

2.3 Operational Characteristics

Within the HPL Program, the Unit has developed activities in mental health; violence and health, prevention and control of tobacco, drugs, and alcohol; and healthy schools and healthy municipalities. In the HPP Division, it has developed activities in adolescent health, aging and health, reproductive health, and family health. In the Division of Health Systems and Services Development, it has assisted with projects in nursing education and human resource development. It has also worked with the Program on Women, Health, and Development of the Division of Health and Human Development, and with the Communicable Diseases Program of the Division of Disease Prevention and Control. Some of these activities were developed in collaboration with the Office of Public Information.

To further advance Unit objectives, activities are implemented in concert with the Regional Adviser in Communication for Latin America of UNESCO, the Federación Latinoamericana de Facultades de Comunicación Social (FELAFACS) as well as with selected faculties of communication, with the Asociación Latinoamericana de Escuelas de Salud Pública (ALAESP); and with Televisión Educativa Iberoamericana (HISPASAT) based in Madrid, Spain among others.

The Health Communication Unit's priorities emphasize human resource development in health communication specifically for professors of faculties of communication, of public health, and of the health professions; training of health care personnel and communicators working in the media; resource mobilization; promotion of health communication policies, plans, and programs; research; and dissemination of knowledge and information.

3. Health Information in the Office of Public Information

3.1 *Justification*

Health is a common concern, and the people of the Hemisphere increasingly are taking greater control of the factors that influence their health. This is creating a rising need—and demand—for accurate, relevant, and rapid news about health. At the same time, there is an ever-growing competition in the media marketplace about health.

Merely doing good work is no longer enough, in part because of the multitude of messages carried by the rapid, evolving communication technologies. Member States can and should put health news out to the public and use those same technologies to transmit messages to their varied audiences and to maintain an edge on sharing information—both technical and non-technical.

One of the major challenges facing all governments is the need to create transparent networks to inform and relate to their publics the work of the ministries of health, enabling key messages and achievements to stand out in this media marketplace. Promoting the work being done by ministries of health offers a wide range of benefits through the impact on the health of their constituents. Other benefits include increased access to scarce resources, an elevated staff morale within the ministries, greater scientific exchanges of information, a deeper understanding of the details of the work, heightened domestic and international visibility, and further credibility. Communication should be open, not concerned with advertising or “getting” the media to report favorably. Transparency in communication is key to credibility.

3.2 *Organization*

The Office of Public Information (DPI) is charged with promoting the work of the Organization and transmitting health messages to reach and benefit people. The Office is organized into four areas: Media Relations, Video Production and Dissemination, Graphics and Photography, and Public Information. The office works with all Headquarters divisions, PAHO country offices, centers, and some outside organizations.

The media section produces press releases, media advisories, and background materials, facilitates interviews for key PAHO personnel, and organizes and promotes events, including news conferences, television appearances, and other media events, such as those centered around World Health Day. A radio program with health information is distributed to Hispanic radio stations throughout the United States and will be extended to Latin America in the near future.

The video section produces high-quality documentaries, public service announcements, and video news releases, in collaboration with technical programs for training or information purposes, or for external use with the broadcast media. It produces radio programs for distribution and obtains and distributes background footage for television networks and stations on PAHO and country activities. The section also produces a commercial-format television

show, “Perspectives in Health,” distributed to cable television stations in several cities in the United States.

The graphics section produces brochures, posters, slides, and book covers. Many of these products are used in social communication activities and in support of PAHO and ministry of health presentations. PAHO’s extensive photo library contains some 18,000 color slides and black-and-white photographs that are used for exhibitions as well as magazines and newsletters.

The public information section puts out the newsletter “PAHO Today,” as well as the nontechnical magazine *Perspectives in Health*. It also handles thousands of public information requests, which arrive by phone, E-mail, and letter.

3.3 Operational Characteristics

The Public Information Office has developed numerous activities in collaboration with technical units and with outside organizations on a wide variety of topics, ranging from projects to reduce the toll from cholera in various countries to television specials such as “Salud para Todos,” which is designed to inform a wide variety of audiences on health matters. It has provided communication support for most immunization campaigns, including the successful polio eradication effort and the measles elimination campaign, working with journalists in a variety of countries. It has also designed and executed integrated media campaigns featuring printed materials and videos on different topics, and handled the United States launches of publications such as the *World Health Report* and *World TB Report*.

Its television programs are now being shown on several television stations, and its award-winning documentaries have been used for a wide variety of educational, training, and information activities. The magazine *Perspectives in Health* seeks to put a human face on public health, covering a wide range of topics.

The office has held several workshops and seminars for journalists and for PAHO communication staff in the countries and continues to develop a variety of activities in the United States and other countries of the Region to encourage more coverage of public health issues and PAHO activities.

4. Technical Cooperation and Program Implementation

Health communication encompasses several areas, including organizational communication, media literacy, health journalism, social marketing, risk communication, “edutainment” or “enter-education,” social communication, and media advocacy.

4.1 Organizational Communication

Organizational communication, covering internal communication procedures of an organization, helps ensure that organizational mission, goals, objectives, program priorities, and strategies are understood and promoted by staff at all levels and conveyed to the community and patients. Ministries of health identifying priority areas for health promotion and improvement of individual and collective lifestyles, can help health care providers persuasively communicate information on topics such as exercise, diet, drugs, smoking, drinking, hand-washing, and use of sanitary facilities, among others, to community gatherings and to individual patients, particularly during patient consultation.

4.2 Media Literacy

Also known as media education, media literacy is the process of teaching critical thinking skills about media (television, film, video, radio, print, advertising) to children and adolescents. Because of the allure and pervasiveness of the media, it has become a primary channel of cultural enrichment; although some authors indicate media is no longer looked at as part of culture, it is culture. Media educators strive to teach young people to access, decode, analyze, and critique media messages and to understand how the media influences social customs, attitudes, and behaviors.

4.3 Health Journalism

Health journalism is the presentation of health information in the press and electronic media, usually in sections relating to news and in service sections such as health supplements, magazine articles, radio and television programs, counseling and support columns, and healthy recipes, among others. It is estimated that about one-fourth of all newspaper articles in the United States cover an aspect of health. In surveys in the United States, respondents were 25 times more likely to identify television and two times more likely to identify newspapers as a source of information on AIDS than physicians.

There are many varied forms of health journalism, ranging from news reporting and analysis of studies to health supplements, which can use cartoons and crossword puzzles to attract broad audiences. Several Member States in the Region have designed innovative programs for both print and broadcast journalism.

In some countries, such as the United States, health journalism is a subspecialty of scientific journalism. To this end, the American Medical Association sponsors Annual Science Reporters Conferences, and since 1991, the Centers for Disease Control and Prevention provide continuing education programs for journalists on the use of theories and health models to frame health reporting.

4.4 Social Marketing

Social marketing has been defined as the application of marketing practices to nonprofit and social purposes. Social marketing, based on the four “p”s of marketing- product, price, place, and promotion-uses multiple media channels to persuade an audience to adopt an idea, a product, a practice, or all three. Social marketing may also use behavior theories and audience research but usually does not implement interpersonal communication strategies, a core component of health communication programs. In PAHO, social marketing strategies are included in the design and implementation of health communication programs.

4.5 Risk Communication

Risk communication is defined by the National Research Council as “. . . an interactive process of exchange of information and opinion among individuals, groups, and institutions. It involves multiple messages about the nature of risk and other messages, not strictly about risk, that express concerns, opinions, or reactions to risk messages.” There is a recognized body of literature written on risk communication, although it is not yet an accepted discipline. The theoretical underpinning of risk communication is also based on the behavior theories, particularly those related to how people make choices in stress-creating situations. Research indicates that individual perceptions of both health and financial risks are based on an analysis of probabilities of gain, loss, status quo, and expected benefits related to an activity. Additionally, individuals tend to be optimistic, believing one is at lower risk than similar others for specific health threats.

4.6 “Edutainment” or “Enter-Education”

Education through entertainment has its origins in Latin America, specifically in a Peruvian soap opera promoting sewing, the Ven Conmigo Mexican soap opera promoting adult literacy, and others. A basic premise of enter-educate programming is that entertainment-oriented health information is attractive, understandable, and capable of influencing health behaviors. Nearly a third of Mexican households with television viewed the Ven Conmigo program. In the year prior to the series, enrollment in government-sponsored adult literacy programs was 7%. This increased to 63% during the 13-month programming and fell to 2% the year after the program. The Ven Conmigo Mexican soap opera, and many subsequent soap operas, drew heavily from both communication and behavior theories, most importantly Bandura’s Social Learning Theory. To date, enter-educate programs have promoted adult literacy, family planning, use of contraceptives and condoms, responsible child-rearing, control of substance abuse, and violence reduction, among others. Enter-educate programs include soap operas on television or radio, popular music promoting healthy behaviors, and incorporation of health messages, such as designated driver or use of seat-belts, in regular television programming. Printed materials such as the picture novels and comic books as well as pop music records have promoted many health-related topics such as family planning, nutrition, and environmental issues.

4.7 Social Communication

Social communication programs began appearing in the late 1960s, primarily in Latin America, as a response to increased centralization of commercial mass media systems. The focus of social communication programs was to promote community participation and cultural and educational programming to improve the social fabric of the community. Social communication programs worked mainly in adult education; rural development, particularly in the agricultural area; and maternal and child health in rural and lower-income urban areas. Many social communication programs are now incorporating health information in their regular programming. The roles of social communicators working in health are similar to those of a health journalist.

4.8 Media Advocacy

Media advocacy to promote health is a relatively new area with most of the publications appearing since 1990. Media advocacy is the strategic use of mass media to advance a social or political policy initiative. Media advocates attempt to reframe community-based public dialogue and to increase support by the public in general and by community policy- and decision-makers in healthy public policies.

5. Functional Approaches

5.1 Mobilization of Resources

The Health Communication Unit has a regular operating budget of about \$225,000 each year, and additional funds are obtained from Country Offices and from other technical units for developing joint projects, generally within HPP. The units responsible for tobacco, drugs, and alcohol, adolescent health, violence and health, mental health, and reproductive and family health have shared costs to implement health communication workshops. Frequently, PAHOWHO Representatives assume costs of travel and per diem to send participants to the workshops.

Funds also have been received from the United States Department of Health and Human Services and the Organization of American States/CICAD. In-kind support was received from the Academy for Educational Development, USAID, the United States Information Agency, BASICS, the Centers for Disease Control and Prevention, the Federación Latinoamericana de Facultades de Comunicación Social (FELAFACS), among others, to support health communication program activities in the Region. The Health Communication Unit, with UNESCO, developed a five-year plan of action for 1997 to 2002. The COMSALUD project is supported by in-kind contributions of 11 Latin American schools of communication, UNESCO, FELAFACS, and BASICS.

Health communication programs are particularly attractive to the private sector for implementing cause-marketing programs, since a large number of attractive and engaging materials are prepared and widely disseminated through both the mass media and interpersonal communication channels such as super markets, pharmacies, work sites, churches, and others. Mexico, for example, implemented a heart health program, “De Corazon a Corazon,” using private sector funding and pro bono assistance. Other Member States should be encouraged to do the same.

5.2 *Human Resources Development*

Technical cooperation of the Secretariat is possible where there is a national health communication program in the country that has sufficient political, scientific, and technical authority and resources to permit discharging its responsibilities. To this end, the Health Communication Unit’s technical cooperation emphasizes training and education for health personnel, health communicators, and professors of schools of communication and public health in the theories, methods, and practices of health communication. As a direct result of the workshops, there are about 20 schools of communication implementing formal undergraduate or graduate training courses in health communication in Colombia, Panama, and other countries.

5.3 *Research*

Research in health communication is being carried out in the Region through the school of communication of the Universidad Metodista de Ensino Superior of São Paulo on health communication and drugs; the Universidad de Lima, Peru, on the newspaper supplement VIDA; and the University of Lima, BASICS, and USAID on content analysis of health in the mass media, with funding by 11 schools of communication in Latin America and the Caribbean. A communication protocol was also developed for the prevention and control of Chagas’ disease.

5.4 *Dissemination of Knowledge and Information*

The Organization regularly selects, duplicates, and prepares books on various topics of interest to health communicators in the Region. The most recent book of readings is “National Communication Policies relating to Children’s Television Programs, Violence, Tobacco Advertising and Gender Issues: Australia, Canada, Great Britain, Spain, United States of America.”

6. Lessons Learned and Future Developments

Based on recent experience, among the lessons learned over the last few years are these:

- The media overall welcome the opportunity to work in promoting health and well-being for their audiences. Media are proactive, supportive, and interested in getting the story right.
- The media, especially with the advent of 24-hour television programming, actively seek health news, and the Secretariat as well as the Member States should recognize the need to provide such news. It is clearly demonstrated that “health sells.”
- The population is looking for information on health that presents clear ideas of what can be done to maintain, improve, and reclaim healthy individual and collective lifestyles. Ministries can focus on working with the media to promote adoption of healthy behaviors and thus improve the success of their health investments.
- Working with the media is a challenge for many health personnel across all levels, but one that can be met with proper training. Health personnel are often not familiar with the requirements of the media, the speed with which they work, the competitive nature of the media as a for-profit business, or how to access key decision-makers in the media. PAHO can offer the necessary media training to improve the situations where warranted.
- Many governments, with PAHO support, have implemented training programs for journalists interested in health, and there is high demand for health training programs in journalism. Ministries and PAHO can improve health coverage by increasing such efforts.
- Promoting healthy lifestyles is an important concern of ministries of health. Technical cooperation to the countries is possible when there is a national health communication program in the ministry of health with sufficient political, scientific, and technical expertise to permit the discharge of its responsibilities.
- Public relations in the ministries of health is an increasingly important task and usually should be separate from the unit dealing with health promotion. PAHO can provide support in both areas.
- Many schools of public health are interested in and developing strategies to incorporate health promotion and health communication in their curricula.
- Many faculties of communication are developing undergraduate and graduate training programs, implementing research protocols, and publishing papers in health communication. Ministries and PAHO should be keeping up with and, where indicated, collaborating in such programs.
- Although generally interested, only a few ministries are working with national communication commissions to define acceptable practices relating to alcohol and tobacco advertising targeting children and adolescents, violence and sex during family viewing hours, and children’s educational programs. Support should be sought for more work in these areas.

- Ministries, with the support of PAHO, have great potential to improve health conditions by increasing their communication and information efforts. Additional support should be sought from other international organizations, nongovernmental organizations, and the private sector for additional work in these areas.

Based on the above, PAHO's Health Information and Communication Units will continue to provide technical cooperation to ministries of health, ministries of education, universities, and the media. It is understood that activities are and will be implemented using an appropriate mixture of the topics and functional approaches proposed, as follows:

6.1 *Ministries of Health*

- Support for activities to develop health communication policies and programs to plan, implement and evaluate health communication projects promoting healthy lifestyles and environments conducive to health at the community, provincial, and national levels. This includes developing activities in organizational communication, social marketing, risk communication, enter-education, and media advocacy. A high priority is working with community-based media such as television and radio stations and the press to incorporate health in regular programming.
- Promote permanent, proactive, and open communication by the ministry with the mass media. Support training of ministry of health personnel on the use of the mass and traditional media to facilitate the availability of credible and reliable health information for the media.
- Promote coordination with the ministry of communication to formulate national communication policies relating to advertising of tobacco and alcohol targeting children and adolescents, avoiding programming of violence and sexual content during family viewing hours and programming of violence in children's programs, and promoting programming of educational programs for children.
- Promote coordination with the ministry of education to incorporate critical viewing skills in teacher-training colleges as well as in primary and secondary school curricula.
- Support collaborative activities with other United Nations agencies working in communication, such as UNESCO and UNICEF, and with Latin American, Caribbean, and Ibero-American agencies such as Centro Internacional de Estudios Superiores de Comunicación para América Latina (CIESPAL), HISPASAT, the Federation of Latin American Schools of Communication (FELAFACS), and others.

6.2 *Ministries of Education*

- Promote the development, in cooperation with the media, of core curriculum and learning materials including audiovisual materials on critical viewing skills for teacher training colleges, primary, and secondary schools.

6.3 Universities

- Support faculties of communication in developing undergraduate and graduate curriculums, core libraries, media centers, and educational materials in health communication and health journalism. Develop collaborative activities with agencies working in health or communication such as FELAFACS.
- Support schools of public health and professional schools educating physicians, dentists, nurses, nutritionists and other health professionals in developing undergraduate and graduate curriculums, core libraries, media centers, and educational materials in interpersonal communication, health communication, and work with the mass media. Support collaborative activities with agencies working in health or communication, such as the Asociación Latinoamericana de Escuelas de Salud Pública (ALAESP) or the Federación Iberoamericana de Facultades de Enfermería (FIDE).

6.4 Media

- Support formulating national communication policies of critical importance to the health sector relating to: (1) restriction of tobacco advertising on the electronic media and its advertising directed to children and adolescents; (2) restriction of violence in television programming during family viewing time; (3) restriction on over-commercialization in children programs; (4) restriction on racism and sexism on television; and (5) promotion of educational programming for children, youth, and others.
- Support the development of health journalism, entertainment-education initiatives, media advocacy for health, and alternative approaches to violence and to gender and race stereotyping.

PAHO will provide technical cooperation to the ministries of health to develop, jointly with ministries of communication where indicated, health communication policies, plans, and programs; to undertake training courses for journalists in health reporting; to train their own ministry staff in dealing with the media; and to develop partnerships with the private sector for more effective and efficient health communication programs.

PAHO will pursue ensuring that technical programs include health communication components in each project, developed in collaboration with HPP and DPI; expanding the Secretariat's expertise in health communication in order to provide support to ministries of health in developing health communication activities, including training, development of guidelines, inclusion of communication in medical and public health school curricula, audience research, public service advertising, and others; and exploring possibilities for partnerships with other international agencies, non-governmental organizations, and the private sector to improve the Secretariat's capacities and resources in health communication.

This document is presented to the Subcommittee on Planning and Programming for analysis, discussion, and recommendations regarding how the program can be improved.

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