Editorial

Health Communication what it is and what is not

Ali Montazeri[1]

The Centers for Disease Control and Prevention (CDC) define health communication as 'the study and use of communication strategies to:
1. Inform and,
2. Influence individuals and community decisions that enhance health.

They also proposed a 10-step framework for health communication as follows:
1. Review background information
2. Set communication objectives
3. Analyze and segment target audiences
4. Develop and pretest message concepts
5. Select communication channels
6. Create and pretest messages and products
7. Develop promotion plan/production
8. Implement communication strategies and conduct process evaluation
9. Conduct outcome and impact evaluation
10. Feedback to improve communication

Health communication can contribute to all aspects of disease prevention and health promotion and is relevant in a number of contexts. Thus it is argued that the field is gaining recognition in part because of its emphasis on combining theory and practice in understanding communication processes and changing human behavior.

In general, there are three types of communication:
(i) 'Mass communication' in which relatively large, undifferentiated audiences receive identical messages,
(ii) 'Targeted communication' in which separate audience segments (often demographic categories) receive a shared message
(iii) 'Tailored communication' that produces a message matched to the needs and preferences of individuals.

However, by either type of communication message strategy is a very important step in designing health communication interventions. In general message strategy is a process that we decide how to present a message to target audiences. There are three message strategies:
- Negative focus on ill health.
- Use of manipulative, irrational tactics, intended to shock or scare people.

1- Mental Health Research Group, Health Metrics Research Center, Iranian Institute for Health Sciences Research, ACECR, Tehran, Iran
Email: montazeri@acecr.ac.ir

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- Positive focus on health promotion by using attractive lifestyle images.

It has been suggested that in designing effective health communication programs it is important to identify the optimal context, channels, content, and reasons that will motivate people to pay attention to and use health information. In other words as suggested:

'Health communication cannot work in a vacuum and is normally a critical component of larger public health interventions or corporate efforts……. Health communication cannot replace the lack of local infrastructure (such as the absence of appropriate health services or hospitals) or capability (such as an inadequate number of health care providers in relation to the size of the population being attended). It cannot compensate for inadequate medical solutions to treat, diagnose, or prevent any disease. But it can help advocate for change and create a receptive environment to support the development of new health services or the allocation of additional funds for medical and scientific discovery, access to existing treatments or services, or the recruitment of health care professionals in new medical fields or underserved geographical areas. In doing so, it helps secure political commitment, stakeholder endorsement, and community involvement to encourage change and improve health outcomes'.

Finally as reminded by other investigators: 'health communication alone cannot change systematic problems related to health such as poverty or lack of access to health care. However a comprehensive health communication programs should include a systematic exploration of all the factors that contribute to health and the strategies that could be used to influence these factors'.

References

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