



MEETING REPORT

Developing health communication research: a focus on communicable diseases—challenges and opportunities

Stockholm, 9–10 March 2010

Executive summary

Building knowledge on how to effectively gather, elaborate upon and disseminate health communication research remains a primary issue in a diverse European Union (EU) setting.

The European Centre for Disease Prevention and Control works in partnership with European and international organisations involved in public health (e.g., the World Health Organization, Center for Disease Control and Prevention, Atlanta) and closely collaborates with European and American academia in the field of health communication research and related advanced training. Building skills and competencies among groups involved in health communication is a fundamental principle of health communication. The increasingly complex and multidimensional aspects of health communication require shifting from 'communication simple' to 'communication complex*', which is a continuous dialogue with a concrete audience and a process where effects can be recognised and systematically measured. Research on health communication and its diverse areas of work requires identifying recent developments in knowledge, evidence-based instruments for practice, and comparable assessment criteria that can be used by the EU Member States (MS).

Modelling exercises based on concrete scenarios can be supportive tools in this field. The use of qualitative and quantitative health communication research results should become an integral part of building effective health communication. In parallel, the process requires feedback from EU MS on how health information is perceived, interpreted and used by different audiences. The development of new (social) media triggers a need to investigate how health information influences different population segments. The use of media, traditional and new, can serve to tailor and target messages and can play an important role in developing more effective health communication.

The meeting confirmed the emerging need to develop quality research on health communication through the exchange of experiences and practices. It also unveiled opportunities and challenges. The mapping process aimed at identifying key experts and institutions involved in health communication research in Europe is ongoing. Promoting networking amongst academics involved in health communication research and practice is an important step to supporting evidence-based health communication in a diverse Europe. Participants agreed to define health communication research topics that should be addressed in the next five years.

* The Global Health Communication Challenge, Presentation by Professor John Parrish-Sprowl, Global Health Communication Center (GHCC), Indiana University Purdue University Indianapolis.

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Stockholm, December 2010

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1 Introduction

Health communication represents an innovative approach to applied communication research in the European Union (EU). A large number of public health interventions in the EU related to communicable diseases include health communication objectives.

An example of the relevant role of health communication is visible in the European Commission's White Paper, 'Together for Health: A strategic approach for the EU 2008–2013'^{*}. It identifies a consensus as to what should be the role of the European Community in health and, among other areas, stakeholders mentioned a desire to see a focus on health promotion and on improving health information. In order to reduce health inequalities, two of the actions proposed in the White Paper are targeted health promotion and an exchange of best practices.

The European Centre for Disease Prevention and Control (ECDC) works in a diverse EU setting, disseminating its scientific work and providing health information to meet the specific needs of different audiences. Building knowledge on how to effectively approach specific audiences in Europe with health information remains an ongoing challenge.

Frequently, the implementation of public health priorities requires inter-sectoral interventions and effective communication between different stakeholders. Needs analyses and understanding the stakeholders involved in the implementation of public health priorities can support communication processes and the effectiveness of interventions.

The importance of new (social) media for public health requires novel approaches to future health communication initiatives. Exploring new media's potential to influence target audience's behaviour and thus improve health and benefit society becomes a necessary phase in the development of health communication practices.

The European Centre for Disease Prevention and Control works in partnership with public health experts involved in health communication in the EU Member States (MS), EU institutions and agencies as well as in other partner organisations. Coordinated messages from public health authorities build trust and strengthen the impact of health information. Therefore, it is necessary to share information between partners. For this purpose, ECDC is actively building its own networks and establishing close cooperation with academia, especially those dedicated to research and advanced training in health communication. The World Health Organization (WHO) as well as the public health agencies in the United States of America (Center for Disease Control and Prevention (CDC Atlanta)) and Canada (Public Health Agency Canada (PHAC)) are key partners in the development of health communication strategies and the sharing of effective practices and evidence.

^{*} To access this document, click here: http://ec.europa.eu/health/ph_overview/Documents/strategy_wp_en.pdf

2 Meeting objectives

The following is a list of the key objectives of the meeting:

- To bring together key health communication experts and researchers from different EU and North American institutions for a technical consultation.
- To exchange views and learn from overseas colleagues' experiences; particularly about the added value of health communication research and social marketing for contemporary public health and social change programmes.
- To identify the main challenges faced by researchers in the field of health communication.
- To identify priority areas for health communication research.
- To map areas of common interest and potential collaboration in health communication research and knowledge development.
- To explore the opportunity of developing a European network dedicated to research and evidence-based practices.
- To discuss ethical values and the use of new technologies and instruments for structured distance conversations around health communication.
- To raise awareness amongst ECDC experts of the scientific and practical dimensions of health communication studies.
- To produce a report on the current challenges and opportunities for collaboration in health communication research.

3 Main discussions

3.1 Emerging need to build skills and competence among groups involved in health communication

Building health communication skills and competence is a process that requires active involvement and collaborative work from researchers and practitioners. Meeting participants identified a need for training the next generation of health communication experts and for developing interdisciplinary collaboration in the field of health communication.

Media plays a key role in building public awareness and knowledge of health issues. The early inclusion of media into communication processes, as well as an educational approach, were mentioned as efficient methods to secure accuracy of health information. In this regard, the collaboration between the Missouri School of Journalism and the International Communication Association (ICA) was presented as an example of good practice. Research on the effects of mass media and communication was presented and discussed during an ICA panel on health journalism where participants were able to get acquainted with effective methods of leveraging messages through media.

Selecting the most effective media (e.g., new media, traditional media) among specific groups remains another essential issue.

Health communication research should focus on practical applications that contribute to the development of relevant skills and knowledge; at present, theoretical applications are predominant in Europe. The need to assess the practical and theoretical skills of those involved in health communication (e.g., their effectiveness during crisis) is becoming equally important.

Participants identified a variety of 'players' in social media. Consequently new media has become an area of interest for policy makers. This should be further explored and exploited.

3.1.1 Skills and competencies in crisis communication

Communicating uncertainties without losing trust remains a relevant issue. The public tends to propose its own theories when uncertainty is not being communicated properly.

Today, producing messages only addressed to policy makers or international organisations is not sufficient.

Community-based research on crisis communication—which identifies concrete needs (before, during and after a crisis) and formulates messages based on these needs—increases the trustworthiness and efficiency of information, effectively building awareness and promoting healthy behaviour. When communicating information, the recipient's perspective should be considered and the end user focused upon. In short, issues of trust and confidence should be explored on a theoretical level.

Crises require a more proactive approach. Retrospective and descriptive analyses of a crisis should be used to elaborate on possible scenarios (scenario-based perspective). Crucial issues to consider include people management during a communicable disease outbreak and preparing the public for disastrous situations. At times, policymakers tend to spend a lot of time on preparation but not on communication. Crisis management also means post-recovery actions, and communication plays an important role in rebuilding social capital.

Crisis management includes dealing with issues of crisis fatigue and maintaining the public's reactivity during a real threat.

Research on health communication should also report on ways to stimulate civic engagement, moving the public from listeners to participants, as well as how to balance communication.

Social media becomes a driver in crisis situations as those posting information might be considered reliable sources. Health professionals have to be visible with consistent messages. From a public health perspective, appropriate health information requires the delivery of evidence-based messages. The European Centre for Disease Prevention and Control should be able to systematically identify examples of effective health communication, including its own practices. Evaluation of communication conducted by ECDC and EU MS (as with the 2009 pandemic influenza) can be supportive in identifying lessons learned and areas of improvement in this field. Knowledge and experience in health communication research in the USA constitute an asset for further work in Europe.

3.2. Health literacy

3.2.1 Building health literacy

The following is a list of examples of good practices from the USA and Canada:

- Availability of strategic communication research (i.e., national surveys of health journalists and health literacy key experts, media interventions and communication plans, audiovisual and social media content analysis, localised media interventions, and health stakeholders) and tailor-made communication plans (e.g., for healthcare providers and professionals).
- Projects related to building health literacy in specific parts of the world and among different groups.
- Educational projects and training modules building effective health communication and high health literacy standards among health professionals and students.
- Access to the most up-to-date knowledge on social marketing.
- Modern tools of message content review and analysis.
- Tools that measure both the health and economic impact of health communication.
- The cooperation of state-wide centres of health literacy that develop general guidelines for a formal national cooperative. Its mission, in the long run, is to communicate health issues understood by all. The project embraces a large number of stakeholders that represent healthcare, education and public health.
- High visibility of topics related to health literacy (e.g., through dedicated websites).
- Wide access to literature, resource libraries and research materials.
- Online health program planners.
- Close collaboration between academia and the International Communication Association (ICA).

3.2.2. Health literacy and research

Building health literacy should be accompanied by research on main actors, content, and the type of information that is disseminated.

In the field of health literacy, research should explore how people communicate with each other (i.e., word of mouth efficiency and how to get people talking to each other) and investigate the most efficient types of messages and techniques in relation to specific groups (e.g., for those living in poverty).

With new media becoming an increasingly important conveyer of messages, there is a need to investigate its influence on behaviours (i.e., target groups' response to new media), the credibility of the information with respect to the content of message as well as the criteria for communication.

According to research data from the USA, health communication campaigns have an average effect size of 5%; this percentage reflects how much change these campaigns achieve in the targeted population. A possible research area is on collaborative partnership; specifically, what kind of collaboration is effective to influence more than 5% of the target population.

Existing tools, such as Eurobarometer surveys*, can be used as a supportive instrument for measuring different aspects of health literacy in Europe.

3.3. Ethical values

Participants stressed the importance of the ethical dimension and collective reflection over health communication. They suggested strengthening the discussion on a variety of ethical values in different countries. At present, for example, ethics of medical and scientific developments are discussed within Advisory Councils on Ethics during the European Health Forum in Gastein. Although ethical values remain similar for all EU countries, some stay specific for each country as Europe is not homogenous. When appealing to the ethical values of a society, one should be able to distinguish between personal and group responsibility.

3.4. Using new tools in health communication research

New technologies facilitate the collection and rapid analysis of health information. Before the meeting, participants had the opportunity to get acquainted with a software application that expedites case analyses and enables quick analysis of data. The aim was to investigate the extent to which a software application can be used as a platform to exchange information between stakeholders.

* For more information, click here: http://ec.europa.eu/public_opinion/index_en.htm

3.5. Networking role of public health schools in building competencies in health communication

Interdisciplinary collaboration between schools of public health, business schools, the private sector, communication departments and NGOs can provide practical examples of social marketing; however, this requires identifying areas of expertise and the capacity of each organisation.

Schools of public health and Master of Public Health programmes play an increasingly important role in organising courses and disseminating knowledge on social marketing that are addressed to public health practitioners. From a research perspective, schools of public health can serve as a source of information about progress in building knowledge on social marketing. Reinforcing collaboration between ECDC and the Association of Schools of Public Health in the European Region (ASPHER) may support building and strengthening competencies on different aspects of social marketing and health communication research.

Collaboration also means reducing barriers for working together and sharing the lessons learned by experts.

3.6. The need for a coherent health communication strategy

The concept and principles of social marketing can be used in health communication campaigns. If the average effect size of change these campaigns achieve is only 5%, the identification of factors that account for the positive 5% change remains one of most emerging issues in the near future.

Building a health communication strategy requires mapping health communication skills and activities throughout Europe (i.e., key organisations, professionals, etc) and being aware of what topics and types of research can specifically apply to and match a country.

There is a need to recognise differences in tools, methods and outputs of particular research institutions. Countries and institutions possess recent and historical data that can be used. It is important to precisely define public health research issues that could be addressed within the next five years (a duration that corresponds to the EU budget planning). Health topics that require prompt communication research can be addressed earlier.

Throughout the year, those involved in health communication research should be able to specify which methods of cooperation work best and examine what information is available and usable. Emerging health communication topics should be defined and prioritised.

There are good examples of networking among people who are involved in health communication around specific health topics. For example, with regards to cancer, evidence-based guidance on communication with patients who suffer from different types of cancer can be supportive in producing health communication materials. Methods and tools used in communication on chronic diseases constitute added value for communication activities related to infectious diseases.

3.7. The need for quality health communication research

Each country should be able to generate health communication expertise. As the approach to health communication research may vary between European countries, there is a need to identify comparable topics and research (e.g., country media coverage related to concrete public health events). Media monitoring and coverage can be analysed: The use of IT applications during health campaigns allows for comprehensive analysis of texts and messages. Those involved in health communication research should be able to assess communication activities on a daily basis (i.e., readability of information produced, readability in different languages). At present, the assessment usually concerns concrete campaigns and doesn't provide in-depth information on the extent to which different audiences understand the research's daily work (i.e., research information, messages produced).

It is important to understand how news agendas are produced, how the selection of topics takes place, and what is effective from a social marketing perspective and from the view of practitioners to measure the work they are doing. Emphasis should be placed on practical research with real applications and more public benefit.

There is also a need to identify how health communication and social marketing impact health inequalities. Although there is not much evidence on this topic, participants stressed the direct correlation between general literacy and health literacy. Currently planned surveys on health literacy constitute a starting point to answering this and other questions.

Health literacy building may learn from models or case studies established for disciplines other than health (e.g., business studies).

Research practices from the USA provide many examples of surveys and educational materials that aim at building medical health literacy. The European approach could be more general and focus on different aspects of public

health. Participants agreed that measuring health literacy is difficult as there are no instruments or concrete measurable criteria that can be compared throughout a certain period of time. Some surveys that measure certain aspects of health literacy exist, but they do not provide comprehensive knowledge and can be biased.

There is consensus on having a research tool that measures various aspects of health literacy in Europe. This tool should provide a certain level of flexibility (i.e., possibility to modify selected questions according to the specificity of a country).

Looking forward, scenario-based experiments are needed in order to be more proactive.

In certain European countries qualitative research is valued less than quantitative research (e.g., randomised controlled trials), therefore participants emphasised the complementary character of both methods in health communication research in order to know the size of the problem and understand how it evolves. There is a need to acknowledge the importance of qualitative methods, which are often a prerequisite to run quantitative research. The European Centre for Disease Prevention and Control is in a position to facilitate further discussions about recommendations on which core skills qualitative research methods should include.

Participants stressed the increasing need of good quality research. Currently, much research on public health is sponsored by governments and the private sector, but a large portion of this research is of poor quality and cannot be used as credible source of information. This issue should be raised and further discussed by academia.

3.7.1. The need to derive information from best practices on health communication research

Collaboration between research institutions in Europe and in the USA (Missouri University, University of Washington, Global Health Communication Centre) and Canada (Dalla Lana School of Public Health, University of Toronto) strengthens capacity and builds synergy, finding efficient ways to address health communication research in the future (see section 3.2.1). The pool of qualitative and quantitative research students in the USA may be a potential source for collaborative work.

Working together allows acquiring grants for common research programs on health communication as well as participating in projects that could be funded by the European Commission's Directorate-General for Research. Besides grants, working via contract is another opportunity to secure funding.

Networking is the best model to follow as Europe is too diversified for a linear system. Sharing experiences and identifying priorities helps to narrow down the scope in order to be more effective.

The European Centre for Disease Prevention and Control's website may serve as a channel for the following: as a platform for networking; to share interesting findings; to identify other researchers; to cluster stakeholders into interest groups; to promote new items around research; and to identify a list of essential health communication journals and articles, inviting people from medical communities and those who are involved in teaching.

4 Conclusions

The meeting confirmed the emerging need to develop quality research in health communication related to communicable diseases through the exchange of research and practices. This will benefit different audiences such as the general public, media, health professionals and policymakers. The exchange of expertise between research institutions in Europe and North America strengthens capacity and builds synergies, finding efficient ways to address health communication in the near future. The meeting unveiled opportunities and challenges associated with developing health communication research.

Opportunities	Challenges
<ul style="list-style-type: none"> • Consensus on having research that measures various aspects of health literacy in Europe. • Interest among media to produce research-based, tailor-made information on public health. • Access to resources and experience on health communication research in the USA and Canada. • Existing network and increasing interest among schools of public health to organise programs targeting health communication research (ASPHER). • Networks of communicators involved in health communication around specific health topics (chronic diseases). • New technologies that facilitate collection and rapid analysis of health communication data. • Available models and case studies established for disciplines other than health (e.g., business studies) that may provide additional input to health communication research. • Good health communication practices in particular European MS. 	<ul style="list-style-type: none"> • Getting researchers and practitioners to develop a more sophisticated and robust approach to communication (boosting health communication effectiveness). • Getting health communication capacity building to a priority status level and providing the resources to achieve this. • Treating communication as a task to perform; one that is not necessarily core and sometimes treated as unimportant*. • Need to identify instruments, concrete criteria and comparable variables that measure health literacy and apply to the majority of countries. • Need to identify the mechanisms of building health literacy, in particular in European countries (who, how, and by what means). • Complementary role of qualitative and quantitative research. • Community-based research on health communication. • More in-depth assessment of health communication work (going beyond big campaigns and health events). • Proactive approach to crisis communication (retrospective and descriptive analyses as prerequisite to elaborate scenarios of future crisis—scenario-based approach). • Engagement and moving people from the position of listeners to participants. • The increasing amount of poor quality research on public health.

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5 Next steps

The following is a list of short and long term follow-up points:

Short term:

- Identification and prioritisation of health communication topics that will undergo further research.
- Specifying methods and ways of cooperation that will work best.
- Addressing health issues that require prompt communication research.
- Acquiring a list of some of the world's key research articles on health communication topics.

Long term:

- Defining public health research topics that should be addressed in the next five years (this duration corresponds to EU budget planning).
- Continuation of the mapping process that identifies key experts and institutions involved in health communication research in Europe.

Annex 1: Meeting programme

09 March 2010 — Day 1

- 09:00–11:00** **Welcome to ECDC**
Paulo Moreira, Deputy Head of Health Communication Unit
- 11:00–11:30** **Meeting with Acting Director and Chief Scientist**
Karl Ekdahl, Acting Director; Johan Giesecke, Chief Scientist
- 11:30** **Details on meeting dynamics**
KRC Team
- 11:30–12:00** **Welcome to CCU invitees from USA & Canada**
Paulo Moreira
- 12:00–13:00** **Registration and lunch**
- 13:00–14:30** **1st session: "Sharing Experiences, identifying difficulties, gaps and networking opportunities. From specific EU contexts to Global Health," and participant introductions.**
Paulo Moreira
- Building a knowledge resource centre in health communication
 - The KRC team at ECDC
 - The participatory process using the values exchange (VX)—*Jane Sixsmith/Christine Domegan*
- 14:30–15:30** **2nd session: International experts**
Health Communication research and practice
- Health literacy research—*Glenn Cameron*
 - Health literacy practice—*Albert Culbert*
 - Developing resources & materials in Canada—*Larry Hershfield*
- Discussion: Perspectives for the European context
- 15:30–16:00** **break**
- 16:00–17:30** **3rd session: International experts**
Health Communication research and practice
- Social marketing in the USA—*Craig Lefebvre*
 - The global health communication challenge—*John Parrish-Sprowl*
- Discussion: Perspectives for the European context

10 March 2010 — Day 2

- 09:00–10:30** **Discussion**
Jane Sixsmith and Paulo Moreira
- 10:30–11:45** **break**
- 11:45–12:15** **On setting a network to develop a priority Agenda for Health communication research to support practice: a focus on communicable diseases**
Jane Sixsmith and Paulo Moreira
- 12:15–13:00** **Conclusions and follow up**
- 13:00–14:00** **lunch**
- 14:00** **Meeting close and departures for EU participants**
- 14:30–16:00** **Invitees from USA and Canada—Conference for ECDC staff and experts**
Health determinants: Contributions from health communication. Glimpses from North America
Massimo Ciotti, Deputy Head of Preparedness and Response Unit and Paulo Moreira
- **Theme one: The contribution of Health Literacy: from research to Practice**
Glen Cameron and Arthur Culbert (Missouri University, USA)

- **Theme two: The contribution of social marketing**
Craig Lefebvre (University of South Florida, USA)
- **Theme three: The contribution of global health communication**
John Parrish-Sprowl (Global Health Communication Center, USA)
- **Theme four: Developing resources for health communication**
Larry Hershfield (Dalla Lana School of Public Health, University of Toronto)

16:30–18:00

The mapping exercise: update and future work
Jane Sixsmith & Christine Domegan

Annex 2: Meeting participants

Name	Organisation	Job title
Hilda Bastian	German Institute for Quality and Efficiency in Health Care	Head of Health Info. Dept.
Johan Gustav Bellika	University of Tromsø	Associate Professor
Helmut Brand	Maastricht University	Professor of European Public Health
Glen Cameron	University of Missouri – Columbia	Professor
Arthur Culbert	Health Literacy Missouri	President/CEO
Christine Domegan	National University of Ireland, Galway	Senior Lecturer in Marketing
Jeff French	Strategic Social Marketing Ltd.	CEO
Francisco Guillen Grima	University of Navarra Clinic	Professor of Preventive Medicine and Public Health
Larry Hershfield	University of Toronto	Manager Health Comm. Unit
Barbara Jacennik	Univ. of Finance and Management, Warsaw	Senior Lecturer
Craig Lefebvre	University of South Florida	Adjunct Professor
Julika Loss	Institute for Health Care Sciences and Mgmt. in Medicine, University of Bayreuth	Assistant Professor / Researcher
Ingrid Mühlhauser	University Hamburg, Unit of Health Sciences and Education	University Professor
John Parrish-Sprowl	Indiana University Purdue University	Prof. Comms Studies, Co-Director of the Global Health Communication Center
Jane Sixsmith	National University of Ireland, Galway	Lecturer Health Promotion
Suzanne Suggs	Università della Svizzera Italiana	Assistant Professor
Christian von Wagner	University College London	Research Associate
Sarah Earnshaw	ECDC	Information Officer
Paulo Moreira	ECDC	Deputy Head of Health Communication Unit
Ülla-Karin Nurm	ECDC	Senior Expert in Health Marketing / Social Mobilisation
Andrea Würz	ECDC	Information Officer
Piotr Wysocki	ECDC	Seconded National Expert