Basics of Health Promotion and Education Intervention
Dr. Arista Lahiri
Department of Public Health
Indian Institute of Technology-Kharagpur

Lecture - 09
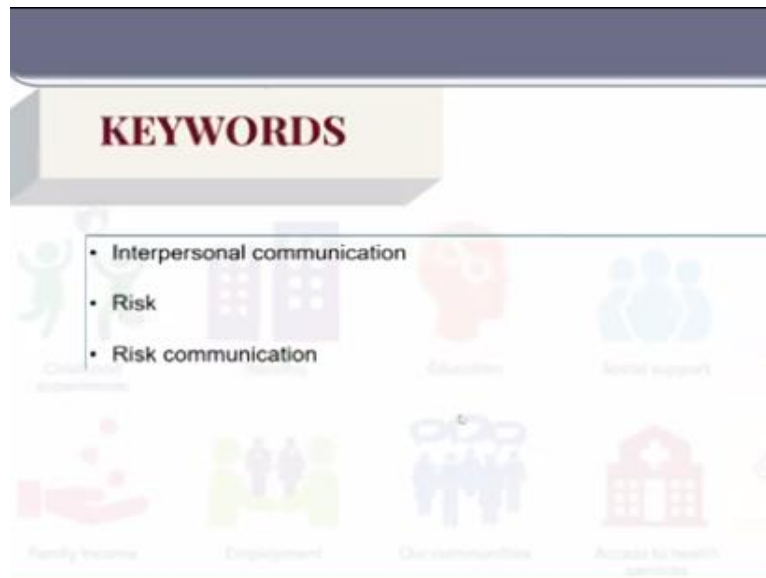**Concepts of Health Communication: Part II**

So we were discussing about the concepts of health communication.
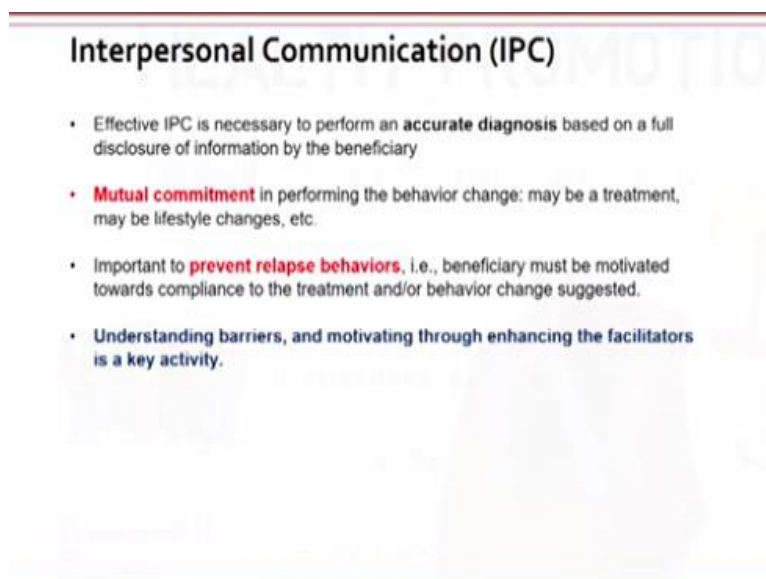
(Refer Slide Time: 00:23)

Now in the second part of concepts of health communication, we will be dealing with the remaining two parts, that is interpersonal communication and risk communication. Perhaps these two issues are the most important issue, when we are approaching any public health problem.

(Refer Slide Time: 00:38)

KEYWORDS

- Interpersonal communication
- Risk
- Risk communication

(Refer Slide Time: 00:39)

Interpersonal Communication (IPC)

- Effective IPC is necessary to perform an **accurate diagnosis** based on a full disclosure of information by the beneficiary
- **Mutual commitment** in performing the behavior change: may be a treatment, may be lifestyle changes, etc.
- Important to **prevent relapse behaviors**, i.e., beneficiary must be motivated towards compliance to the treatment and/or behavior change suggested.
- **Understanding barriers, and motivating through enhancing the facilitators is a key activity.**

So let us start our discussion for this lecture. Now first one is the concept of interpersonal communication. The term says interpersonal communication. Interpersonal. That means, we are communicating with another person, interpersonal. So, for effective IPC, (IPC) is the standard short form for interpersonal communication when we are discussing about health promotion education intervention.

So, you may come across the term IPC or I mean you can come across this term in several literatures also but remember this is a standard abbreviation for this. So, what happens with IPC is that the effective IPC is necessary to perform an accurate

diagnosis based on a full disclosure of information by the beneficiary. When we are discussing about diagnosis, the first thing that comes into our mind is any disease.

But no. In public health, we even diagnose any community health problems also. So, diagnosis is in fact a word which is used with a very broad meaning over here. In IPC also the major use of IPC is accurate diagnosis. Through interpersonal communication, we can identify the problem, we can pinpoint the problem and also, we can gain the feedback.

It is basically a mutual commitment. Let me get on with the laser pointer. So basically, this is the mutual commitment. That means, when we are dealing with interpersonal communication, both the persons have to commit to the certain issue at hand. The example of mutual commitment you can consider a treatment. For treatment, you have your accurate diagnosis, diagnosis in a standard medical terminology.

That may be lifestyle changes. For that you have the concept of diagnosis as a lifestyle problem or a community health problem. A larger, broader community related issue comes in there. But again, the thing is mutual because the community is also involved and also the person who is communicating the message he or she is also involved. So, the commitment here is mutual.

Next it is important to prevent relapse behavior. Now we were discussing about health communication in a more general way when we were discussing in our previous lecture. We were discussing about its attributes; we were discussing about its characteristics. But in this lecture, we are specifically targeting two issues like IPC and the risk communication.

Now IPC and risk communication these two are very specific forms of general health communication. The term specific form here refers to basically the specific use of these things. Any issue in public health or any technique in public health or in fact in science is defined by the use of it. So interpersonal communication is very important in preventing relapse behavior.

Because I mean, you will be learning about counseling and related issues in subsequent lectures, but again what is counseling? Counseling is also a part of interpersonal communication because, if it is a one-on-one counseling that is a person is counseling and the other person who is sitting opposite to him or her one-to-one or face-to-face counseling, what happens with this. This is again an interpersonal communication, communication between two persons.

And that is particularly useful when you want to prevent certain relapse behaviors. So, you can understand that relapse behaviors are very common with addictions. Now if you take the example of smoking as the commonest addiction over here, you can understand that it may so happen, suppose a person has taken up quitting behavior for smoking. Quitting behavior means the person is quitting smoking, right?

So now the person did quit smoking a couple of months back, but due to certain situations or due to certain stressors in the environment, the person is again taking up that smoking behavior. This is relapse. In order to prevent that relapse the interpersonal communication may be with an expert or maybe through with someone who the person relies on. I told you about the environment of trust, I told you the environment, the person who is sitting right next to me is trusting me.

So, in that situation, that peer group or that particular peer for that person may help in relieving the person from that relapse behavior. The person may say, do not do this, because this is bad. You know this. The stresses are there, the stresses are temporary. Or the person may go to a counselor in fact. The counselor may counsel through the proper psychological techniques that are prevalent.

And the person may finally quit the relapse behavior itself. So, for preventing relapses, interpersonal communication is perhaps the essential part. Again, from a programmatic point of view or from per se a research point of view, understanding barriers is very important. We often employ in depth interviews of what you can say a focus group discussion in different issues, to understand what the barriers or what are the feelings of the community like this.

So, what happens with these qualitative research techniques is that there is an interpersonal communication inherent to that technique. Now because of this inherent interpersonal communication, the person who is sitting next to you or the person who you are discussing with is now discussing the problem, so discussing the barriers. That is how you get to know the barriers.

Also motivating through enhancing the facilitators. It is not only about the barriers, like there are barriers to certain issues, there has to be certain facilitators. Now the motivation part, which again may come through counseling, there is another term called motivational interviewing. That particular motivation part it comes through this interpersonal communication.

In fact, interpersonal communication you can consider as a didactic way of speaking. It is in fact a two-way communication because it is not only you are discussing something; you are also hearing to the person who you are communicating with.

(Refer Slide Time: 07:30)
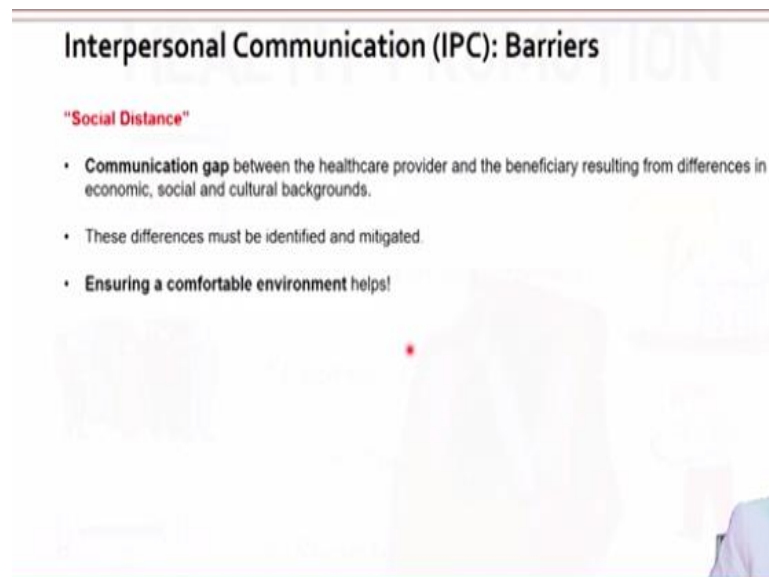
So, what are the barriers for interpersonal communications? Like interpersonal communication can be helpful in understanding the barriers, there can be certain barriers also to a fruitful interpersonal communication. So, this is kind of a jargon, but you have to understand that there are barriers to every technique. For interpersonal communication also there are barriers.

The major barrier for interpersonal communication is social distancing. You can remember or you can just recall, during the initial phases of COVID-19 pandemic, when we were given the health messages through different media, the term social distancing was there. But then the authorities decided on that it is not social distancing, but it is physical distancing. Because the social distancing is a bit tricky.

You know social distancing; we do not want social distancing. We do not want people who are, who behave in a cohesive manner or who remain in a community, who stay in a community. We do not want to get them I mean detached. So social distance, the concept of social distance is thus a bit tricky, and it is very unwelcome to some extent. That is why we develop the concept of physical distance.

Because we want to keep the distance physically. There should not be any cultural distance, there should not be any, I mean, what you call a mental distance. So, when social distancing happens, what happens, there is a communication gap. And in health communication point of view, the communication gap between the healthcare provider and the patient is often very detrimental.

Like what we have seen through all these episodes of violence against doctors, is there is a severe communication gap among the other prevalent causes of all these things. And also, if you have seen the CBME curriculum for the MBBS students, the authorities have decided that no, we need to focus on this communication part. We need to focus on how to bridge this communication gap.

So that is again there formally in the curriculum. Now why I am saying this is because this emphasizes the importance of avoiding social distance or avoiding this particular communication gap because this will do no good. It will only bring harm. And therefore, it is the barrier for interpersonal communication. So how do we mitigate social distance or the barriers for interpersonal communication?

We have to identify what are the differences or what are the leading causes of it and we have to mitigate them. Again environment is a very important context, because while we are communicating, it may be I am communicating to someone. Suppose I

am communicating to you, like we are communicating. But the communication is happening within this whole environment.

The whole environment by its own presence, maybe by our own attitudes, it can bring certain fields like it can be a trustful environment, or it can be an environment of suspicions. Apart from the comfortability and the discomforts like in a very hot environment, hot and humid environment, the audience might feel very distressed to hear long discussions. So the environmental issue is again multifaceted.

And that is why to mitigate the barriers for IPC, you must have a comfortable environment. The comfort, the particular issue of comfort that you have to understand through different aspects. And for that, you remember we discussed about audience research. And for that, you must do audience research and also environmental screening.

(Refer Slide Time: 11:35)
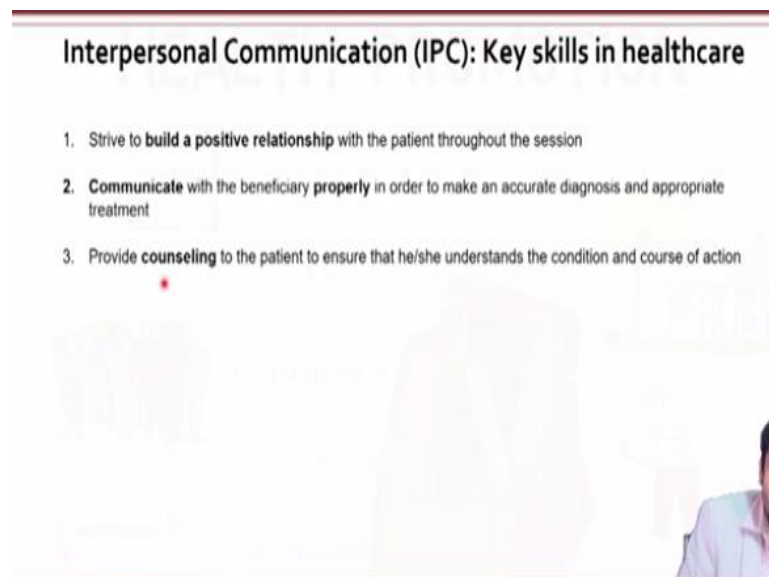
So, what are the key skills in healthcare that will lead to an effective IPC for healthcare delivery? We must build a positive relationship. The positive relationship is indeed dependent on the environment and also on our own attitude. So, in hospital situation, what happens is usually the patient and also the patient party, they are both very much stressed.
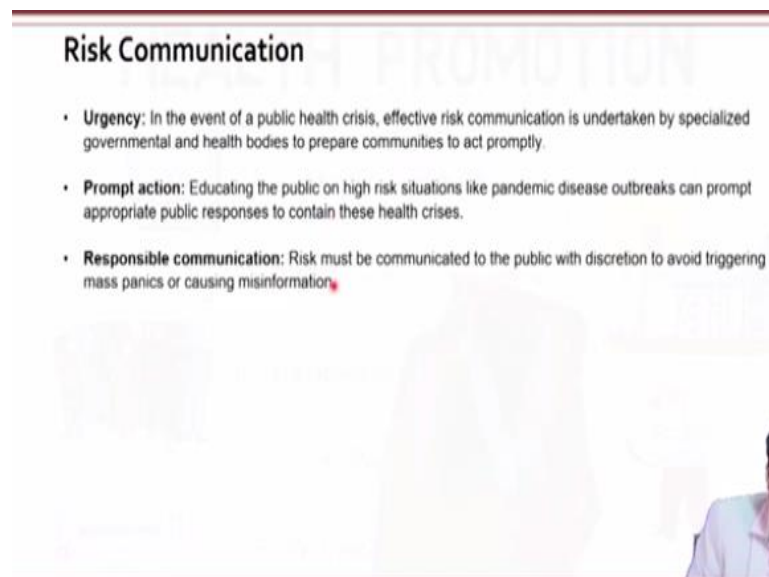
So in order to get them through that stressful condition, the positive energy that is emanated from you, who is per se communicating or who is per se delivering the

health care is very important, because that positive energy or that positivity in yourself, will ultimately make the patient and the patient party believe in getting through the crisis. So that is again an essential part.

Then communicate with the beneficiary properly. The term proper here is important, because the communication can be as I have said in the previous lecture, it is usually audience dependent. Now in order to communicate a very difficult situation, you have to take up kind of a counseling approach. You have to go to the patient party or go to the patient.

You have to make him or her feel comfortable and then you have to discuss the issues. So, the properness of communication basically depends on the situation and also on the issue at hand. Also, the audience research will help you decide the channel and the message of it.

(Refer Slide Time: 13:27)

Risk Communication

- **Urgency:** In the event of a public health crisis, effective risk communication is undertaken by specialized governmental and health bodies to prepare communities to act promptly.

- **Prompt action:** Educating the public on high risk situations like pandemic disease outbreaks can prompt appropriate public responses to contain these health crises.

- **Responsible communication:** Risk must be communicated to the public with discretion to avoid triggering mass panics or causing misinformation.

Now after risk communication we move on to, after IPC we discussed till now, interpersonal communication, and after interpersonal communication we now move on to risk communication. This is again an important part, an important role of public health communication or health promotion education, communication, intervention, whatever you can say, risk communication is again an important part.

See if you remember, we discussed in our earlier lecture, there are two things like health promotion behavior and other is the risk behavior or the health risk behavior.

So, what happens through risk communication is in one hand we promote the health promotion behaviors and on the other, we mitigate the health risk behavior. That is why the importance of risk communication is there.

And for that we have to understand what is risk per se. Risk you can call it anything bad that may happen or anything unwelcome or anything that is not planned. If you go through the standard textbooks of epidemiology, I mean you can consider any outcome in a research context as a risk because we are studying that thing. But classically, if you take the term risk, it means something bad.

So, whenever you are discussing about risk communication, always keep in mind there are different intricate aspects of the term risk. One is the epidemiological or the biostatistical inference of it. And there is also the core communication related inference of risk. What we are discussing here regarding risk communication is not the same as the biostatistics idea of risk.

Here we are discussing about risk communication that means communicating how to prevent some bad thing from happening and how to improve certain good behaviors. So, for risk communication, the attributes are first is urgency, then there is prompt action and then there is responsible communication. If we have to prevent something bad, we have to be very prompt in taking up that action and it has to be done urgently.

We cannot let the person take up that bad behavior and then go to him and speak. Because you remember there are certain issues like relapse. So that may happen. For addictions relapse is a big issue. So in those cases that is why the adolescents are I mean usually counseled against addictions and all these kind of behaviors, because we do not want them to take up the behavior in the first place, right?

So it has to be urgent and it has to be prompt. And the communication must be responsible in nature, how the risk must be communicated to the public with discretion to avoid triggering mass panics or causing misinformations. Just rewind back a year or two. In the very initial phases of COVID-19 pandemic, there was panic.

And we remember certain issues like people were actually in fact, barring those people who are getting infected with COVID-19, they were throwing their belongings out of their houses and I mean, it was mayhem. So the issue here was that the person who is getting infected with COVID-19 may spread the disease, but there are certain precautions through which the person can prevent the disease from getting spread.

But the people who are coming to know that okay that person, that person A has got the disease, that communication is not responsible enough. Because the person, the audience here, the community members who are still not infected with COVID-19, they are feeling panick. They are behaving like it is this kind of a murderous issue or a very big issue.

I mean, do we not always feel panic when something highly uncertain happens in front of us. But how do we get calm? We understand the issue, and we keep the knowledge about that particular issue. And we think that okay, this is the basic matter with this issue. So what will happen is if I pursue a responsible behavior, for example, if I wear a mask that is a responsible behavior that can prevent this thing from happening.

So when we are communicating something, when we are communicating the risk, we must be responsible. Why responsible because we do not want to create that same panic. In that case, the person who were throwing away all the belongings for that infected person, we must go and intervene. In fact, the authorities have done that throughout the pandemic situation.

They have intervened and they have told that no, do not do this. Instead, you yourself behave responsibly, you wear mask, you keep the physical distance and all the other protective behaviors like washing hands using sanitizers etc. Now this is a responsible communication because you are giving them the way out. So for risk communication, your responsibility is not only communicating the risk.

By risk that means what is wrong or what wrong has happened. You as a risk communicator must give the audience certain way out. That is how you behave responsibly.
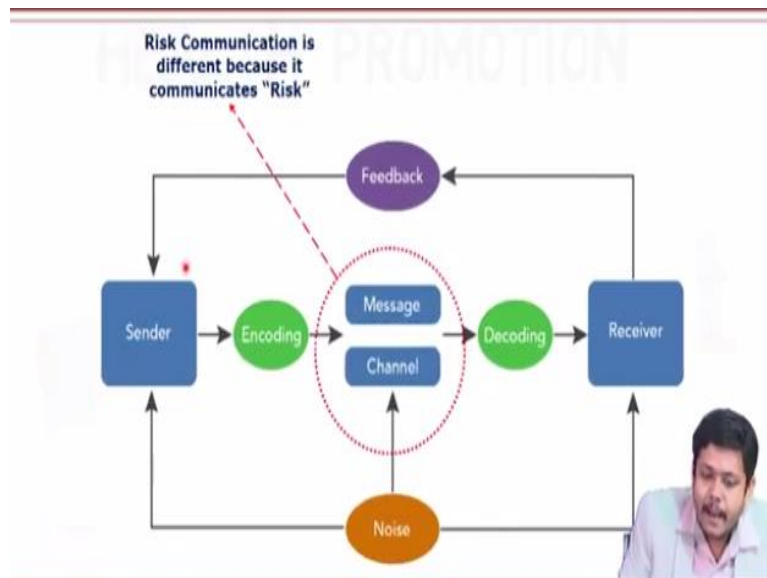
So basically, how risk communication is different from communication in a general way is in this part. The encoding decoding all the other things they are there; the feedback is again also there. But in risk communication, we only communicate the risk. The particular concept of risk come into play that is why we dedicate a separate section for it.

Now comes the principles for risk communication. We were discussing about responsibility; we were discussing what urgency and promptness. Now let us discuss about the principles. Now these can be the attributes and principles can be a bit overlapping. But we have to remember all those things in a single continuum. Like for principles there are uncertainty with risk communication.

That the communicators or the public health officials in this case because risk communications are mostly done by the public health officials and in a propaganda manner of way also. So those who ever communicating the risk must acknowledge the uncertainty of the risk situation. Why do we say the term uncertainty? If we consider the situation of COVID-19 pandemic, the uncertainty is there.

There is no certainty that a person who is getting vaccinated will not ultimately go to develop the disease. So you have to understand the uncertainty of it and the authority must communicate the uncertainty of it. Then there is limitation of evidence. Again, we are living in an era of evidence based medicine. So evidence may not be there for all the risk behaviors and how to mitigate them.

While communicating, you must acknowledge that. It must be comprehensive. Because see, in our previous lecture, we were discussing about simple terms like it has to be simple. And by simple, here it has to be comprehensive, the risk communication has to be comprehensive. Otherwise, the audience may not be engaged into it, because in order to bring about the behavior change, we must engage the audience.

Then there is the issue of consistency. We have already discussed as a general principle of health communication.

(Refer Slide Time: 21:13)

151

Then there is the issue of ethical risk communication. How ethical risk communication is important? Because it has to be technically correct. In order to communicate risk, you must keep in mind, it should not be something which is in fact, false or technically wrong. You have to provide some way out, which is technically correct.

If there is no way out for the time being like when the vaccines were not developed, the authorities were saying that vaccines are underway, but they are not present at the moment. So that is being responsible and also ethical, because you are informing the audience, what is technically correct. And when the vaccine is already there, you must say that, even if you are taking the vaccine, you have to maintain all the protections.

So again, that is technically correct, that is ethical, and also that is responsible on the part of risk communication. By being ethically correct, you are agreeing to the condition that you will not manipulate information. And also, you are agreeing to the condition that you will be busting the myths.

Because as we have already seen, myths create a lot of panic and myths were well in fact a great deal of barrier in the management of COVID-19 at the community level. So you must identify and dispel any rumors that are there and false public beliefs. I understand this part can be very much challenging because sometimes culture is related to the myth part and beliefs.

We have already said that beliefs are very difficult to change, but myth busting is again an essential part of risk communication. And this is where risk communication becomes interesting and also bit challenging. It has to be timely and it has to be transparent. See, we were discussing about urgent and prompt.

Now timeliness is one part and transparency are more related to you now, more related to ethical part of risk communication. So how do we I mean, ultimately what leads from transparency and timeliness? Through this we can gain the public trust and we can also build the public confidence.
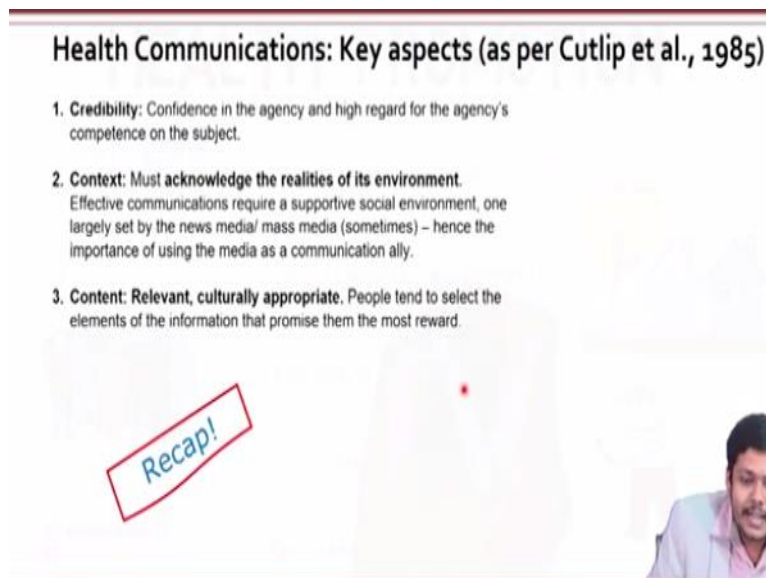
At a mass level when we are thinking to promote certain good behaviors and mitigate certain bad behaviors, gaining the public trust and building the confidence in the public is essential. Because again, the environment of trust only can bring about the behavior change within that person. Because the issue of motivation comes after the environment of trust is there.

Then only the person will listen to you or listen to the message and internalize that message, right?

(Refer Slide Time: 23:52)

So basically, why I have kept this part is recapitulation regarding what we learnt about health communication, the key aspects like the credibility context, content, the 7 C's.

(Refer Slide Time: 24:05)

Health Communications: Key aspects (as per Cutlip et al., 1985)

4. **Clarity:** **S**implicity! It is important to ensure that the message means the same to the audience as it does to the communicating agency. **Complex issues should be compressed into themes, analogies or stereotypes** that are clear and simple.

5. **Continuity and consistency:** Repetition to achieve penetration. Repetition, with variation, contributes to both **factual and attitudinal learning**

6. **Channels:** Established channels that the audience uses and respects should be utilized. **Different channels** are required to reach **different target audiences**.

7. **Capability of audience:** Communications are most effective when they **require the least effort on the part of the audience**

Recap!

Clarity, continuity, consistency channels and capability of the audience. Remember from the last lecture.

(Refer Slide Time: 24:10)

Risk Communication Example

Take COVID19 disease for example!

The same 7 C's, we get to see with risk communication, in different packages, you can say. So we were discussing with the example of COVID-19 illness. COVID-19 illness, here we have certain risk behaviors, and we also have certain good health promotion behaviors. So when we are going to do certain risk communications for COVID-19 illness or what we have seen is this part simplicity of the messages was very essential part.

Continuity. The messages kept rolling, rolling and rolling. The messages were from different channels. Like we were seeing the manifestations through the health

authorities like posters, pamphlets, everything were there. You can see those things that these are to be done and these are to be avoided. Then there were certain policies, policies like wearing mask, and you have to sanitize yourself before entering in room and several other policies were placed.

The credibility of the information source was important. And that credibility part was very well taken care of by the authority who were promoting the healthy behavior. And it also acknowledged the context. By context, what I mean to say is the difficult situation that happened during the pandemic. It acknowledged the thing. There were at the very beginning, very much, I mean, a scarcity of sanitizers per se.

They took into account that context and authority then quickly shifted to the part that okay, while we are refilling of sanitizers, just do not forget to wash your hands because they are also important part. So like this the communication, it was a contextual in nature also. And the content was always relevant and culturally appropriate. Like that is the responsibility of risk communication and the ethical part that we were discussing.

(Refer Slide Time: 26:18)
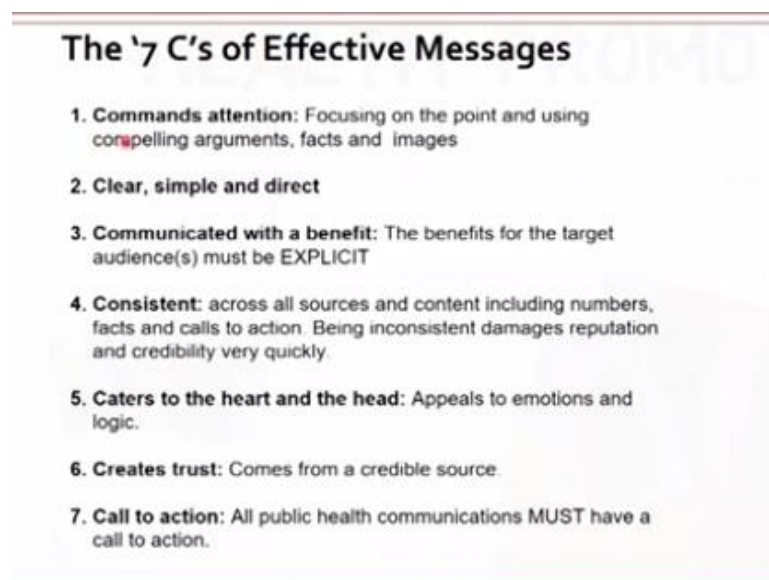
So the 7 C's of effective messages. Now these effective messages means basically, not only risk communication, also the IPCs and to some extent the general health communication messages. So what are the 7 C's? These are basically derived from what Cutlip has already mentioned regarding general communication. So the 7 C's are commands attention. The message should command attention.

This is how a good message should be. It should be clear, simple and direct. It should be communicated with a benefit. That means, the benefit what the people who will practice that behavior will gain out of it. For example, if a person is wearing mask, the person is gaining certain protection from becoming infected with COVID-19 illness. May not be 100%, but gaining some protection from getting infected.

So that benefit has to be stated. Then, it has to be consistent. The issue of consistency we have been discussing since the last lecture. Then it caters to the heart and the head. This is a very important issue, because whatever happens to a heart and what we can think logically, if we can combine these two, this becomes a very important or a very interesting bond, because then we perform that behavior without fail.

So it has to appeal to the emotion and it has to appeal to the logic. For example, when we are promoting healthy behavior, when we are promoting the COVID-19 protective behaviors, we are also appealing to the person that you protect yourself because you have to protect the elders who are residing within your household. So that emotional context is there.

And again, the logic is there, because you are protecting yourself. And how that message, it clearly defines how you have to do it. It creates an environment of trust. Again, the issue of environment of trust is there. And it calls to an action. See, here the benefit is explicit. And this leads to the point number 7 or the 7 C, the call to an action. Every public health communication must have a call to an action.

What to do, how to do and I mean, in brief, what should be done. That is the call to the action. In COVID-19 illnesses the call to the action was you maintain all these behaviors. So that is why the messages were effective.

Now when we discuss the next parts like health behavior models and all and we discuss about evaluating the health behaving interventions, we must not forget the effective criteria for a message or a message being effective, what are the criterias for a message to be effective? And what are the criteria for a health communication strategy to be effective?

We have a lot of 7 C's over here. Authors have mentioned 7 C's and for effective message also there are 7 C's. Please remember it because these are very essential when you yourself are going to, I mean you are going to devise a health communication an effective one.

(Refer Slide Time: 29:31)
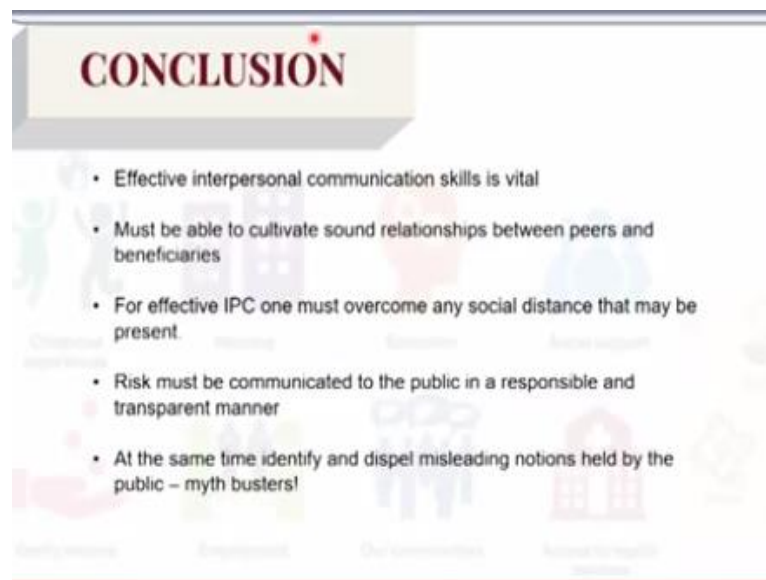
So, in conclusion, what we say for this lecture only is that effective interpersonal communication is a very essential skill in public health. We were discussing that health communication as a whole is essential in public health. So, in health promotion and education, for health promoting effective interpersonal communication is necessary. It may be in the form of counseling; it may be in the form of discussion.

It may be in the form of other qualitative research approaches. But interpersonal communication is essential. And it must be able to cultivate sound relationships between peers and the beneficiaries. Why between peers and the beneficiaries? Because here peers mean the peers for a healthcare worker. And beneficiaries mean the person who the healthcare workers are catering to.

So, the sound relationships or a positive relationship that I have highlighted before, that is very important. For an effective IPC one must overcome any social distance. We discussed about social distances and how to overcome them and how we have evolved to the term physical distance during the COVID-19 pandemic and why the term social distance is bit of derogatory in the context we use it.

And for risk communication, risk must be communicated to the public in a responsible, transparent and as a whole, in an ethical way, right? And at the same time, you as a risk communicator or a health communicator, must dispel the rumors and that we call the myth busters, right?

(Refer Slide Time: 31:09)

So, the resources I have mentioned in the previous lecture also, these are the same resources. You go through them. Here, this particular paper I have added as a resource. This is a classical paper for a communication, risk communication and all these issues. You can go through this part. It is interesting also. So that is it for communication context. See you in the next lecture.