



Health Communication

Lead Agency: Office of Disease Prevention and Health Promotion

11

Contents

Goal p. 11-2

Overview p. 11-2

 Issues and Trends p. 11-4

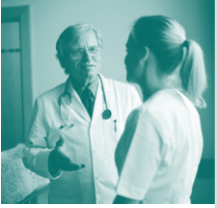
 Disparities p. 11-5

 Opportunities p. 11-6

Reproductive Health–Related Objectives p. 11-7

Terminology p. 11-8

References p. 11-10



Goal

Use communication strategically to improve health.

Overview

Health communication encompasses the study and use of communication strategies to inform and influence individual and community decisions that enhance health. It links the domains of communication and health and is increasingly recognized as a necessary element of efforts to improve personal and public health.^{1, 2, 3} Health communication can contribute to all aspects of disease prevention and health promotion and is relevant in a number of contexts, including (1) health professional-patient relations, (2) individuals' exposure to, search for, and use of health information, (3) individuals' adherence to clinical recommendations and regimens, (4) the construction of public health messages and campaigns, (5) the dissemination of individual and population health risk information, that is, risk communication, (6) images of health in the mass media and the culture at large, (7) the education of consumers about how to gain access to the public health and health care systems, and (8) the development of telehealth applications.^{3, 4, 5, 6, 7, 8, 9, 10, 11}

For individuals, effective health communication can help raise awareness of health risks and solutions, and provide the motivation and skills needed to reduce these risks.¹ Health communication also can increase demand for appropriate health services and decrease demand for inappropriate health services. It can make available information to assist in making complex choices, such as selecting health plans, care providers, and treatments.¹ For the community, health communication can be used to influence the public agenda, advocate for policies and programs, promote positive changes in the socioeconomic and physical environments, improve the delivery of public health and health care services, and encourage social norms that benefit health and quality of life.²

The practice of health communication has contributed to health promotion and disease prevention in several areas. One is the improvement of interpersonal and group interactions in clinical situations (for example, provider-patient, provider-provider, and among members of a health care team) through the training of health professionals and patients in effective communication skills.^{3, 4} Collaborative relationships are enhanced when all parties are capable of good communication.

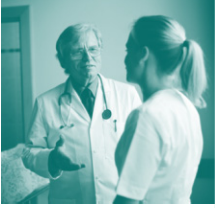
Increasingly, health improvement activities are taking advantage of digital technologies, such as CD-ROM and the World Wide Web (Web), that can target audiences, tailor messages, and engage people in interactive, ongoing exchanges about health.^{4, 11, 12} An emerging area is health communication to support community-centered prevention.¹³ Community-centered prevention shifts attention from the individual to group-level change and emphasizes the empowerment of individuals and communities to effect change on multiple levels.

A set of Leading Health Indicators, which focus on key health improvement activities and are described in *Healthy People 2010: Understanding and Improving Health*, all depend to some extent on effective health communication. The promotion of responsible sexual behavior will require a range of information, education, and advocacy efforts, as will the reduction of tobacco use, substance abuse, injuries, and violence. Effective counseling and patient education for behavior change require health care providers and patients to have good communication skills. Public information campaigns are used to promote higher rates of preventive screening (mammogram), higher rates of clinical preventive services (immunization), and greater rates of adoption of risk-reducing behaviors.

Attributes of Effective Health Communication

- **Accuracy:** The content is valid and without errors of fact, interpretation, or judgment.
- **Availability:** The content (whether targeted message or other information) is delivered or placed where the audience can access it. Placement varies according to audience, message complexity, and purpose, ranging from interpersonal and social networks to billboards and mass transit signs to prime-time TV or radio, to public kiosks (print or electronic), to the Internet.
- **Balance:** Where appropriate, the content presents the benefits and risks of potential actions or recognizes different and valid perspectives on the issue.
- **Consistency:** The content remains internally consistent over time and also is consistent with information from other sources (the latter is a problem when other widely available content is not accurate or reliable).
- **Cultural competence:** The design, implementation, and evaluation process that accounts for special issues for select population groups (for example, ethnic, racial, and linguistic) and also educational levels and disability.
- **Evidence base:** Relevant scientific evidence that has undergone comprehensive review and rigorous analysis to formulate practice guidelines, performance measures, review criteria, and technology assessments for telehealth applications.
- **Reach:** The content gets to or is available to the largest possible number of people in the target population.
- **Reliability:** The source of the content is credible, and the content itself is kept up to date.
- **Repetition:** The delivery of/access to the content is continued or repeated over time, both to reinforce the impact with a given audience and to reach generations.
- **Timeliness:** The content is provided or available when the audience is most receptive to, or in need of, the specific information.
- **Understandability:** The reading or language level and format (include multimedia) are appropriate for the specific audience.

Health communication alone, however, cannot change systemic problems related to health, such as poverty, environmental degradation, or lack of access to health care, but 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. Well-designed health communication activities help individuals better understand their own and their communities' needs so that they can take appropriate actions to maximize health.



Issues and Trends

The environment for communicating about health has changed significantly. These changes include dramatic increases in the number of communication channels and the number of health issues vying for public attention as well as consumer demands for more and better quality health information. The expansion of communication channels and health issues on the public agenda increases competition for people's time and attention; at the same time, people have more opportunities to select information based on their personal interests and preferences. The trend toward commercialization of the Internet suggests that the marketing model of other mass media will be applied to emerging media, which has important consequences for the ability of noncommercial and public health-oriented health communications to stand out in a cluttered health information environment.

Communication occurs in a variety of contexts; through a variety of channels with a variety of messages; and for a variety of reasons. In such an environment, people do not pay attention to all communications they receive but selectively attend to and purposefully seek out information.⁸ One of the main challenges in the design of effective health communication programs is to identify the optimal contexts, channels, content, and reasons that will motivate people to pay attention to and use health information.

A one-dimensional approach to health promotion, such as reliance on mass media campaigns or other single-component communication activities, has been shown to be insufficient to achieve program goals. Successful health promotion efforts increasingly rely on multidimensional interventions to reach diverse audiences about complex health concerns, and communication is integrated from the beginning with other components, such as community-based programs, policy changes, and improvements in services and the health delivery system.^{10,14}

Research indicates that effective health promotion and communication initiatives adopt an audience-centered perspective, which means that promotion and communication activities reflect audiences' preferred formats, channels, and contexts.⁶ These considerations are particularly relevant for racial and ethnic populations, who may have different languages and sources of information. In these cases, public education campaigns must be conceptualized and developed by individuals with specific knowledge of the cultural characteristics, media habits, and language preferences of intended audiences. Direct translation of health information or health promotion materials should be avoided. Credible channels of communication need to be identified for each major group. Television and radio serving specific racial and ethnic populations can be effective means to deliver health messages when care is taken to account for the language, culture, and socioeconomic situations of intended audiences.

An audience-centered perspective also reflects the realities of people's everyday lives and their current practices, attitudes and beliefs, and lifestyles. Some specific audience characteristics that are relevant include gender, age, education and income levels, ethnicity, sexual orientation, cultural beliefs and values, primary language(s), and physical and mental functioning. Additional considerations include their experience with the health care system, attitudes toward different types of health problems, and willingness to use certain types of health services. Particular attention should be paid to the needs of underserved audience members.

Targeting specific segments of a population and tailoring messages for individual use are two methods to make health promotion activities relevant to audiences.¹⁵ Examples include the targeted use of mass media messages for adolescent girls at increased risk of

smoking¹⁶ and a national telephone service for Spanish speakers to obtain AIDS information as well as counseling and referrals.¹⁷

Interventions that account for the cultural practices and needs of specific populations have shown some success. For example, a breastfeeding promotion program among Navajo women that was based on investigations of their cultural beliefs about infant feeding practices showed increased rates of breastfeeding.¹⁸ Similarly, an intervention that used the novela, a popular form of Latino mass media, to reach young people and their parents sought to improve parent-youth communication in Hispanic families and to influence the adolescents' attitudes about alcohol.¹⁹

Advances in medical and consumer health informatics are changing the delivery of health information and services and are likely to have a growing impact on individual and community health.^{3, 4, 11, 20} The convergence of media (computers, telephones, television, radio, video, print, and audio) and the emergence of the Internet create a nearly ubiquitous networked communication infrastructure. This infrastructure facilitates access to an increasing array of health information and health-related support services and extends the reach of health communication efforts. Delivery channels such as the Internet expand the choices available for health professionals to reach patients and consumers and for patients and consumers to interact with health professionals and with each other (for example, in online support groups).

Compared to traditional mass media, interactive media may have several advantages for health communication efforts. These advantages include (1) improved access to personalized health information, (2) access to health information, support, and services on demand, (3) enhanced ability to distribute materials widely and update content or functions rapidly, (4) just-in-time expert decision support, and (5) more choices for consumers.^{4, 20} The health impact of interactivity, customization, and enhanced multimedia is just beginning to be explored, and already interactive health communication technologies are being used to exchange information, facilitate informed decisionmaking, promote healthy behaviors, enhance peer and emotional support, promote self-care, manage demand for health services, and support clinical care.

The trend of rapidly expanding opportunities in health communication intersects with recent demands for more rigorous evaluation of all aspects of the health care and public health delivery systems and for evidence-based practices.²¹ Numerous studies of provider-patient communication support the connection among the quality of the provider-patient interaction, patient behavior, and health outcomes.²² As the knowledge base about provider-patient interactions increases, a need becomes apparent for the development of practice guidelines to promote better provider-patient communication.

Disparities

Often people with the greatest health burdens have the least access to information, communication technologies, health care, and supporting social services. Even the most carefully designed health communication programs will have limited impact if underserved communities lack access to crucial health professionals, services, and communication channels that are part of a health improvement project.

Research indicates that even after targeted health communication interventions, low-education and low-income groups remain less knowledgeable and less likely to change behavior than higher education and income groups, which creates a knowledge gap and leaves some people chronically uninformed.²³ With communication technologies, the disparity in access to electronic information resources is commonly referred to as the "digital divide."²⁴



Even with access to information and services, however, disparities may still exist because many people lack health literacy.²⁵ Health literacy is increasingly vital to help people navigate a complex health system and better manage their own health. Differences in the ability to read and understand materials related to personal health as well as navigate the health system appear to contribute to health disparities.

Opportunities

For health communication to contribute to the improvement of personal and community health during the first decade of the 21st century, stakeholders, including health professionals, researchers, public officials, and the lay public, must collaborate on a range of activities. These activities include (1) initiatives to build a robust health information system that provides equitable access, (2) development of high-quality, audience-appropriate information and support services for specific health problems and health-related decisions for all segments of the population, especially underserved persons, (3) training of health professionals in the science of communication and the use of communication technologies, (4) evaluation of interventions, and (5) promotion of a critical understanding and practice of effective health communication.

As patients and consumers become more knowledgeable about health information, services, and technologies, health professionals will need to meet the challenge of becoming better communicators and users of information technologies. Health professionals need a high level of interpersonal skills to interact with diverse populations and patients who may have different cultural, linguistic, educational, and socioeconomic backgrounds.

REPRODUCTIVE HEALTH–RELATED OBJECTIVES

Health Communication

Goal:

Use communication strategically to improve health.

Number Objective Short Title

11-3. Research and evaluation of communication programs

11-6. Satisfaction with health care providers' communication skills

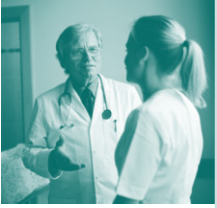
HEALTHY PEOPLE 2010 OBJECTIVES

11-3. (Developmental) Increase the proportion of health communication activities that include research and evaluation.

Potential data sources: Sponsored survey of *Federal Register* notices; Grantmakers in Health; National Health Council.

Effective health communication programs are built on sound research and evaluation. Meaningful research and evaluation are not afterthoughts but integral parts of initial program design. Research provides the ideas and tools to design and carry out formative process, and outcome evaluations to improve health communication efforts, certify the degree of change that has occurred, and identify programs or elements of programs that are not working.^{1,10} Research and evaluation systematically obtain information that can be used to refine the design, development, implementation, adoption, redesign, and overall quality of a communication intervention.^{26,27}

Programs funded by Federal, philanthropic, and not-for-profit organizations could be strengthened with requirements for a minimum set of evaluation activities and specific measurements. The level of research and evaluation required should reflect the costs, scope, and potential impact (in terms of benefit or harm) of the communication activity proposed. At a minimum, programs should be expected to conduct appropriate audience testing for need, cultural and linguistic competence, comprehension, and receptivity. Requirements and specifications for evaluation could be set for grant-funded communication programs and included in requests for funding proposals and grant program guidelines as well as for programs directly funded and implemented by public or private sector organizations by including research and evaluation activities in their work plans.



11-6. (Developmental) Increase the proportion of persons who report that their health care providers have satisfactory communication skills.

Potential data sources: National Committee for Quality Assurance; Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP; National Health Interview Survey (NHIS), CDC, NCHS; industry surveys (FIND/SVP, Nielsen, Jupiter Communications).

Good provider-patient communication contributes to quality care and improved health status. Patients' assessment of their providers' communication skills is important for individuals with a usual source of care as well as for those without, who may have less frequent contact with the medical care system. Studies indicate that patients find communicating with their health care providers difficult^{22,28} and report that providers do not give them enough information, even though they highly value the information and want to know more.²⁹ Clear, candid, accurate, culturally and linguistically competent provider-patient communication is essential for the prevention, diagnosis, treatment, and management of health concerns.^{22,30}

Effective communication underpins prevention and screening efforts at the clinical level, when providers have the opportunity to engage in one-on-one counseling and supply information that is culturally and linguistically appropriate and delivered at the person's health literacy level. Diagnoses and treatments require doctors to negotiate a common understanding with patients about what is to be done. The quality of provider-patient communication can affect numerous outcomes, including patient adherence to recommendations and health status.³¹ Appropriate information and communication with a provider not only can relieve patients' anxieties but also can help patients understand their choices, allow them to participate in informed decisionmaking, and better manage their own health concerns.

Terminology

Accuracy: Content that is valid and without errors of fact, interpretation, or judgment.

Advocacy: Communication directed at policymakers and decisionmakers to promote policies, regulations, and programs to bring about change.

Availability: Content (whether a targeted message or other information) that is delivered or placed where the audience can access it. Placement varies according to audience, message complexity, and purpose—from interpersonal and social networks to billboards, mass transit signs, prime-time TV, and radio and from public kiosks (print or electronic) to the Internet.

Balance: Where appropriate, content that fairly and accurately presents the benefits and risks of potential actions or recognizes different and valid perspectives on an issue.

Consistency: Content that remains internally consistent over time and also is consistent with information from other sources.

Consumer health informatics: Interactive health communication (see below) focusing on consumers.

Consumer health information: Information designed to help individuals understand their health and make health-related decisions for themselves and their families.

Cultural competence: The design, implementation, and evaluation process that accounts for special issues of select population groups (ethnic and racial, linguistic) as well as differing educational levels and physical abilities.

Decision support systems: Computer software programs designed to assist diagnostic and treatment decisions. Examples include drug alert notification systems, prompts to implement practice guidelines, and health risk appraisals.

Evidence base: Relevant scientific evidence that has undergone comprehensive review and rigorous analysis to formulate practice guidelines, performance measures, review criteria, and technology assessments²¹ for telehealth applications.^{4,32}

Formative research: Assesses the nature of the problem, the needs of the target audience, and the implementation process to inform and improve program design. Formative research is conducted both prior to and during program development to adapt the program to audience needs. Common methods include literature reviews, reviews of existing programs, and surveys, interviews, and focus group discussions with members of the target audience.

Health communication: The art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues. The scope of health communication includes disease prevention, health promotion, health care policy, and the business of health care as well as enhancement of the quality of life and health of individuals within the community.³³

Health education: Any planned combination of learning experiences designed to predispose, enable, and reinforce voluntary behavior conducive to health in individuals, groups, or communities.³⁴

Health literacy: The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.²⁵ (See also *Literacy*.)

Health promotion: Any planned combination of educational, political, regulatory, and organizational supports for actions and conditions of living conducive to the health of individuals, groups, or communities.

Interactive health communication: The interaction of an individual with an electronic device or communication technology to access or transmit health information or to receive guidance on a health-related issue.²⁰

Internet: A worldwide interconnection of computer networks operated by government, commercial, and academic organizations and private citizens.

Literacy: The ability to read, write, and speak in English and to compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one's goals, and develop one's knowledge and potential.³⁵

Medical informatics: A field of study concerned with the broad range of issues in the management and use of biomedical information, including medical computing and the study of the nature of medical information itself.³⁶

Outcome evaluation (sometimes called impact evaluation): Examines the results of a communication intervention, including changes in awareness, attitudes, beliefs, actions, professional practices, policies, costs, and institutional or social systems.

Patient communication: Information for individuals with health conditions to help them maximize recovery, maintain therapeutic regimens, and understand alternative approaches. Patient communication includes educational resources, provider-patient communication, and, increasingly, peer-to-peer communication.

Process evaluation: Monitors the administrative, organizational, or other operational characteristics of an intervention. Process evaluation includes monitoring the dissemination of communication products to intended users (whether gatekeepers or audiences) and audience members' exposure to a message. For an interactive health communication application, process evaluation may include testing how the application functions.



Reach: Information that gets to or is available to the largest possible number of people in the target population.

Reliability: Content that is credible in terms of its source and is kept up to date.

Repetition: Delivery of and access to content continued or repeated over time, both to reinforce the impact with a given audience and to reach new generations.

Risk communication: Engaging communities in discussions about environmental and other health risks and about approaches to deal with them. Risk communication also includes individual counseling about genetic risks and consequent choices.

Social marketing: The application of marketing principles and techniques to program development, implementation, and evaluation to promote healthy behaviors or reduce risky ones.^{37, 38}

Tailoring: Creating messages and materials to reach one specific person based on characteristics unique to that person, related to the outcome of interest, and derived from an assessment of that individual.¹⁵

Targeting: Creating messages and materials intended to reach a specific segment of a population, usually based on one or more demographic or other characteristics shared by its members.¹⁵

Telehealth: The application of telecommunication and computer technologies to the broad spectrum of public health, medicine, and health.

Telemedicine: The use of electronic information and communication technologies to provide clinical care across distance.³²

Timeliness: Content that is provided or available when the audience is most receptive to, or in need of, the specific information.

Underserved: Individuals or groups who lack access to health services or information relative to the national average. The underserved population may include residents of rural, remote, or inner-city areas; members of certain racial and ethnic groups; socioeconomically disadvantaged persons; or people with disabilities.

Understandability: Reading or language level and format (including multimedia) appropriate for a specific audience.

World Wide Web (Web): An international virtual network composed of Internet host computers that can be accessed by graphical browsers.

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