

Health Communication: Strategies and Priorities

Effective health communication strategies are increasingly recognized as integral to improving population health. Cancer communication has played a key role in reducing the nation's cancer burden, through efforts to promote screening, smoking cessation, sun safety, and healthy diets. The strategic use of communication to improve health outcomes is identified as a program goal in *Healthy People 2010* and is central to several of the National Cancer Institute's strategic plans for reducing the burden of cancer.

The Health Information National Trends Survey (HINTS) provides a means to systematically evaluate the public's cancer-related knowledge, attitudes, and behaviors. Results from HINTS 2003 and 2005 reveal that Americans are indeed seeking information about cancer. In 2003, 45% of respondents reported that they had ever sought cancer information; this number was slightly higher in 2005, with 49% of respondents reporting that they had ever sought cancer information.

In this HINTS Brief, we highlight findings from Cancer Communication, a comprehensive U.S. Department of Health and Human Services (DHHS) report on data from HINTS 2003 and HINTS 2005, which explores processes and outcomes related to cancer communication. Specifically, this Brief focuses on the cancer information seeking behaviors and experiences reported by the U.S. population.

Effective Health Communication Strategies

Attributes of Effective Health Communication

- **Accuracy:** The content is valid and without errors or 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 is also 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 new 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 (including multimedia) are appropriate for the specific audience.

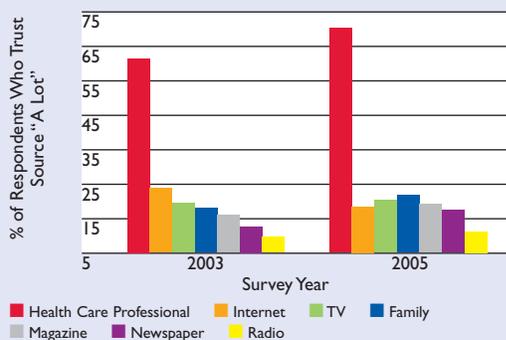
U.S. Department of Health and Human Services, Healthy People 2010 Initiative

Cancer Communication: Health Information National Trends Survey, 2003 and 2005

The focus of the recent DHHS Cancer Communication report is on the American public's use of health information; Internet usage for health; information seeking about cancer; perceptions of barriers to cancer information seeking; evaluation of information efficacy, recognition, and use of cancer information sources; and cancer knowledge. Key findings from the report include population estimates of trust in sources of health or medical information and ratings of health information seeking experiences. Health care professionals were most frequently identified as the most trusted source of information in both 2003 (62.4%) and 2005 (67.2%). In addition, in 2003, 23.9% of respondents reported "a lot" of trust in health information from the Internet, while this number was somewhat lower in 2005 (18.9%).

Trust in Sources of Information (2003 and 2005)

How much would you trust information about health or medical topics from _____? Would you say a lot, some, a little, or not at all?



(See HINTS on back)

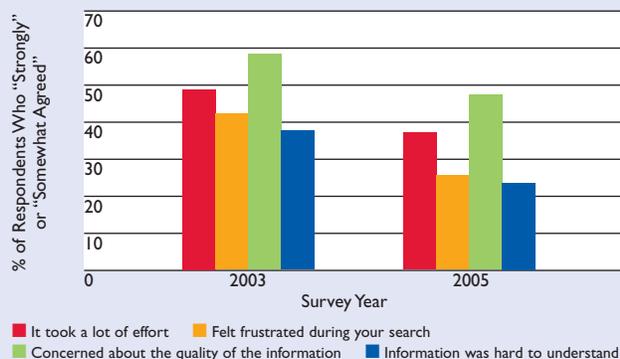
In this HINTS Brief, we highlight findings from Cancer Communication, a comprehensive U.S. Department of Health and Human Services (DHHS) report on data from HINTS 2003 and HINTS 2005.

(HINTS from front)

In 2003, 48.4% of respondents agreed with the statement that their last search for cancer information took a lot of effort; in 2005, 37.3% of respondents agreed. In 2003, 41.9% of respondents agreed with the statement that they felt frustrated during their last search for cancer information; in 2005, 26.7% of respondents agreed. In 2003, 58.3% of respondents agreed with the statement that they were concerned about information quality during their last search for cancer information; in 2005, 47.5% of respondents agreed. In 2003, 37.7% of respondents agreed with the statement that the information they obtained during their last search for cancer information was difficult to understand; in 2005, 23.7% of respondents agreed.

Experiences with Information Seeking (2003 and 2005)

Based on the results of your search for information on cancer from all sources, how much do you agree or disagree with the following statements? Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?



Cancer Information Seeking: Differences by Age, Race, and Gender

Age

Cancer information seeking varied significantly by age in both 2003 and 2005. During both survey years, cancer information seeking was reported most frequently among respondents aged 50-64 (51.6% in 2003 and 55.2% in 2005). Information seeking was reported least often by respondents aged 80 or older in 2003 (27.3%) and 2005 (29.6%).

Race/Ethnicity

Significant differences in cancer information seeking by race/ethnicity were observed in 2003 and 2005. White, non-Hispanic respondents reported having ever sought cancer information more frequently than other racial/ethnic groups in 2003 (49.0%) and 2005 (54.6%). Information seeking was lowest among Hispanic respondents in 2003 (26.5%) and 2005 (25.1%). In 2003, 40.8% of Black, non-Hispanic respondents sought cancer information; in 2005 46.9% of Black, non-Hispanic respondents sought cancer information. In 2003, 46.6% of respondents classified as non-Hispanic "other" sought cancer information; in 2005, 49.0% of respondents classified as non-Hispanic "other" sought cancer information.

Gender

Cancer information seeking varied significantly by gender in 2003 and 2005. Females reported having ever sought cancer information more frequently than males in 2003 and 2005. In 2003, 53.1% of females and 36.1% of males sought cancer information; in 2005, 55.4% of females and 41.5% of males sought cancer information.

How Can This Inform Your Work?

The mounting prominence and importance of health communication, coupled with rapid changes in communication technology, underscore the importance of HINTS data. Practitioners, researchers, and policy makers in many disciplines and practice settings may use HINTS data to support their work:

- Survey researchers can use the data to understand how adults use different communication channels to obtain health and cancer information.
- Program planners can use the data to discern barriers to health information usage across populations, and to inform more effective communication strategies.
- Social scientists can use the data to refine theories of health communication in the information age, and to offer data-driven recommendations to reduce the cancer burden.

About HINTS
<http://hints.cancer.gov>

The National Cancer Institute (NCI) fielded the first Health Information National Trends Survey (HINTS) in 2002 and 2003, surveying 6,369 Americans. The second survey was fielded in 2005, surveying 5,586 Americans. HINTS was created to monitor changes in the rapidly evolving field of health communication. The survey data can be used to understand how adults 18 years and older use different communication channels to obtain health information for themselves and their loved ones, and to create more effective health communication strategies across populations.

HINTS Briefs provide a snapshot of noteworthy, data-driven research findings. They introduce population-level estimates for specific questions in the survey and summarize significant research findings that are a result of analyzing how sociodemographic variables influence specific outcomes. The Briefs are intended to highlight top-level findings derived from analyses reported in other venues, and are not meant to be comprehensive reports.

For More Information on Cancer

- Call the NCI Cancer Information Service at 1-800-4-CANCER (1-800-422-6237)
- Visit <http://cancer.gov>
- Order NCI publications at <http://www.cancer.gov/publications>

References Used in This HINTS Brief

- Hiatt RA, Rimer BK. A new strategy for cancer control research. *Cancer Epidemiol Biomarkers Prev.* 1999 Nov;8(11):957-64.
- Nelson DE, Kreps GL, Hesse BW, Croyle RT, Willis G, Arora NK, Rimer BK, Viswanath KV, Weinstein N, Alden S. The Health Information National Trends Survey (HINTS): development, design, and dissemination. *J Health Commun.* 2004 Sep-Oct;9(5):443-60; discussion 81-4.
- Viswanath K. Science and society: the communications revolution and cancer control. *Nat Rev Cancer.* 2005 Oct;5(10):828-35.
- Rutten LF, Moser RP, Beckjord EB, Hesse BW, Croyle RT. *Cancer Communication: Health Information National Trends Survey.* National Cancer Institute. NIH Pub. No. 07-6214. Bethesda, MD, 2007.
- U.S. Department of Health and Human Services. *Healthy People 2010.* 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000.

