



Role of Mass Media in Health Sector: A Critical Review

Dr. Urvashi Pandey

Assistant Professor

MBGPG College

Haldwani

Introduction:

Health communication has been defined as the study and use of communication strategies to inform, influence, and motivate individuals, institutions, and communities in making effective decisions to improve health and enhance quality of life (U.S.Department of Health and Human Services 2005). Considering this wide scope of health communication, scholars, practitioners, and policy makers recognize the significance of health communication to public health (Rimal and Lapinski 2009, Schiavo 2007). Intoday's media-saturated world, the importance of research on health communication in mass mediated contexts cannot be overemphasized, especially given that mass media are important communication channels for advancing health education and promotion, disease prevention, and shaping public policy.

The included communication campaigns disseminated their product-use messages through several different channels, which always included mass media (e.g., television, radio) and nearly always included small media (e.g., brochures, posters), over periods of time that ranged from one week to 36 months. Messages also were commonly disseminated via interpersonal communication (e.g., peer outreach, hotline numbers), community events (e.g., health fairs, festivals), and occasionally through social media (e.g., through social networking websites such as Facebook©). Some campaigns were accompanied by other activities such as provision of services (e.g., HIV testing, quitline counseling) or environmental changes (e.g., new or enhanced walking trails). Results demonstrated effectiveness regardless of the number of distinct channel



categories that disseminated the product-use message (e.g., mass media, small media, and interpersonal communication).

Only two campaigns disseminated their messages using Internet or social media channels. As part of today's rapidly changing media environment, the Internet and social media are gaining prominence in health promotion due to their strong potential for conveying targeted messages in a cost-effective manner. The availability of these options has the potential to make health communication campaigns with product distribution feasible for many organizations that would have difficulty funding an intervention centered on traditional mass media channels. The assessment of effectiveness of product promotion and distribution interventions that use social media as a primary communication channel will be an important area for future research.

According to Katherine Lyon Daniel, PhD, associate director for communication, CDC, "These results suggest that combining mass media health communication campaigns with distribution of any of a variety of health-related products that meet the inclusion criteria specified above is likely to be effective in influencing the intended health behaviors¹."

Much of the public understands of health and health policy is not from their direct experience. Instead, most of their understanding is mediated. Health and illness discourses are pervasive in the print media, television, cinema, and the Internet (King and Watson 2005). Media channels, including print journalism, advertisements, fiction films, television shows, documentaries, and computer technology affect the healthcare system and individuals' use of that system (Friedman 2004). Clearly, media representations of health and illness shape our understanding of the experience of illness, health, and healthcare and influence health beliefs, health behaviors, healthcare practices, and policy-making (Seale 2002, 2004).

¹<http://www.thecommunityguide.org/news/2012/HealthCommunicationCampaigns.html>



The Issue of Medium:

Any health communicator has a variety of media from which to choose when attempting to influence health beliefs, behaviors, and policies. These media include, but are not limited to, news media, mass mediated advertising, and new communication technologies. For different issues and different audiences, different media may be more or less effective in spreading the desired message.

Print and electronic news media are major sources of health information (Rice 2001, Winett and Wallack 1996). Health news media coverage has an important role in shaping health behaviors at the population level (Pierce and Gilpin 2001, Niederdeppe and Frosch 2009) and influencing public health policy (Tong et al. 2008, Asbridge 2004).

Health promoting advertising is also used as a medium for health communication. As part of a multimedia campaign to promote healthy behavior, advertising on television, radio, or cinema and in print outlets can play a central role promoting public health (Peddecord et al. 2008). However, while health promotion advertisements can influence health through demonstrating health effects (Hyland et al. 2006, Siegel 1998) and raising awareness of health messages (Levy and Stokes 1987), the efficacy of health-promoting advertising has yet to be established (Lynch and Dunn 2002). Therefore, scholars call for more research to map its potential for health promotion (Fennis 2003, Lynch and Dunn 2002, Peddecord et al. 2008).

Meeting the Challenge of New Theories and New Media:

In light of this rapidly developing and changing media ecosystem, there is a need for scholars and practitioners of health communication to understand multiple perspectives and approaches in the study of health communication if they are to understand the unique contributions, benefits, and challenges of different media technologies on health practices and policies. As Viswanath, Wallington, and Blake (2009: 324) argued:

A clearer understanding of the range of mass media delivery channels; the changing and converging media environment; the communication inequalities that exist; social, institutional, cultural, and policy influences; and new and existing theoretical and methodological frameworks are all necessary to understand the complex influence of mass media on population health.



Addressing these issues, both in study and in practice, will undoubtedly help researchers and health professionals harness the best practices of communication and the mass media to improve individual and population health.

As such, in addition to exploring the role of traditional media, such as print and television, we need to examine the role of new technologies in shaping the public's health. And, even if we understand the technologies, we also need to consider *how* we use these technologies: are we using these technologies in effective, appropriate, and ethic always as sources of health information and advocates for health behavior? Against such a backdrop, this volume, *Health Communication and Mass Media: an Integrated Approach to Policy and Practice*, seeks to contribute to our understanding of traditional media and new media technologies in supporting health policy and practice by bringing together exemplars of current health communication research and applications in mass mediated contexts spanning across geographic regions.

Health Communication and Web Media:

Agarwal, D'Silva and Leichty examine health communication in the context of mediated HIV/AIDS issue representation. More specifically, they provide a discursive critique of the HIV/AIDS representation on three International Nongovernment Organizations websites. Findings of the discourse analysis reveal communicative challenges in international public relations programs in addressing important health promotion initiatives in an online format. Using the lenses of power and identity, Agarwal and colleagues provide a framework to understand how discursive content of the websites constructs the HIV epidemic, the affected publics, and potential solutions. During the coming decade, the speed, scope, and scale of adoption of health IT will only increase. Social media and emerging technologies promise to blur the line between expert and peer health information. Monitoring and assessing the impact of these new media, including mobile health, on public health will be challenging.

Equally challenging will be helping health professionals and the public adapt to the changes in health care quality and efficiency due to the creative use of health communication and health IT. Continual feedback, productive interactions, and access to evidence on the effectiveness of treatments and interventions will likely transform the traditional patient-provider relationship. It



will also change the way people receive, process, and evaluate health information. Capturing the scope and impact of these changes—and the role of health communication and health IT in facilitating them—will require multidisciplinary models and data systems. Such systems will be critical to expanding the collection of data to better understand the effects of health communication and health IT on population health outcomes, health care quality, and health disparities².

Social Networks in Health Care:

At Chirp, Twitter's first ever developers' conference held in April 2010, Twitter announced that people were enrolling at a rate of 50,000 per day and that it had more than 100 million unique users. As of June 2010, Facebook boasts 400 million users and has created its own unique cyber culture. Social networking is to the current era what online access was just 20 years ago – a transformational change in how information is accessed and shared.

In this issue brief, we provide a snapshot of social networking's evolution and explore its current and potential impacts on the health care industry. We believe that social networking is an important trend: Industry stakeholders who do not consider how to incorporate social networks into their future strategies risk being run over on the super-highway of health information sharing.

Public, Internet-based social networks can enable communication, collaboration and information collection and sharing in the health care space. About one-third of Americans who go online to research their health currently use social networks to find fellow patients and discuss their conditions,^{1,2} and 36 percent of social network users evaluate and leverage other consumers' knowledge before making health care decisions.³ Social networks hold considerable potential value for health care organizations because they can be used to reach stakeholders, aggregate information and leverage collaboration.

This issue brief offers a high-level overview of social networking, its industry and societal impacts; describes social networking initiatives in health care; provides key applications by

²<http://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology>



health care sector; compares health care's efforts to other industries and offers industry implications³.

Similar to their growing importance in other industries, social networks are playing an increasingly prominent role in health care. Fifty-five percent of surveyed Americans get information about a therapy or condition online.¹⁹ Sixty percent of surveyed physicians are interested in using social networks for professional purposes,²⁰ approximately one out of every six U.S. physicians are members of Sermo, an online physicians network²¹ and 65 percent of surveyed nurses indicate they are planning to use social networks for professional purposes.²² Because both consumers and clinicians are using social networks, health care organizations have an opportunity to leverage their influence across multiple audiences.

For example, the website PatientsLikeMe gives consumers a way to track disease progress, access disease information and learn from the real-world experiences of other patients with the same medical condition and to share their findings with patients, health care professionals and industry organizations that are trying to treat the disease. Other consumer-directed sites include MedHelp which, in addition to being a social network, offers a number of tracking tools for pain, weight and other chronic conditions; CureTogether, which helps people anonymously track and compare health data to better understand their bodies, make more informed treatment decisions and contribute data to research; DailyStrength, which allows patients and caregivers to give and receive support; Inspire, which hosts different communities, some of which are co-sponsored by non-profit foundations, to educate and offer support; and FacetoFace Health, a social network that uses a proprietary algorithm to match people with similar diagnoses.

As more patients use social networks to track their health conditions and care, industry organizations have an opportunity to interact with the members of these online communities and to leverage "real world" data sets to inform new treatments and care pathways.

- Hospitals increasingly are using social networks for promotional purposes and to gauge consumer experiences with their organizations.

³https://www.ucsf.edu/sites/default/files/legacy_files/US_CHS_2010SocialNetworks_070710.pdf



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- More than 700 of the U.S.' 5,000 hospitals have a social media and social networking presence to enhance their ability to market services and communicate to stakeholders.²³
 - Cancer centers such as MD Anderson are developing communities to understand how their patients view their care experiences.²⁴
 - Government agencies including the Food and Drug Administration (FDA) and the CDC are using social networks to engage the public during product recalls and in H1N1 flu pandemic preparations.

TeleHealth Services — Healthcare Television Solutions:

TeleHealth Services⁴ offers our more than 2,500 hospital and healthcare clients throughout America, 50+ years of experience in providing healthcare grade televisions, interactive patient education and engagements solutions, and other hospital communication technologies. TeleHealth Services is leading the charge in patient engagement, providing hospitals a range of comprehensive television and interactive patient care technologies. TeleHealth's advanced solutions for patient-staff engagement deliver powerful interactivity and care plan management tools that help improve outcomes, reduce readmissions, enhance patient satisfaction, and increase workflow efficiencies. TeleHealth offers cutting-edge technologies, with service, installation, and financing options. TeleHealth Services is uniquely positioned to offer a full suite of hospital technology solutions that includes:

- Interactive patient education and engagement solutions
- Healthcare grade televisions and accessories
- Patient entertainment and educational programming content
- Custom-designed AV solutions through Avidex
- Comprehensive design, implementation and service packages
- Flexible financing solutions

⁴<https://www.telehealth.com/>



Uses of Modern Technology:

Today, most health care providers use mobile devices such as laptops or tablets to review patient and clinical information. Technology has enabled doctors to use e-mail, texts, videos, and conference facilities to consult colleagues and experts from all over the world. With the touch of a technology device, doctors can access thousands of pages of medical textbooks and case studies.

Technology is changing and improving every day and successful healthcare industries are implementing modern communication services.

Implement Effective Communication System:

When technology integration is at its best, the person using it doesn't stop to think that they are using a technology tool – it is second nature. An effective communication system can give employees the option to work from anywhere and collaborate with patients and colleagues. This allows both physicians and patients to keep a comprehensive, updated record of all health information.

Train Users:

Educate and re-educate employees on new technology. Ensure training plans and services are flexible enough, both virtual and onsite, to accommodate the range of users within each community. Be clear that your team will be shadowing and learning from trainers that have specific technology, tool and data experience. Clarify that their role is to pass along this expertise, not just deliver analytics.

IT Security Partners:

Before selecting new state of the art technologies do your research and ensure you have an effective IT department or managed service provider to implement and manage the system. Specialized support when getting started with new technologies can truly help transform care delivery. Managers should hold a kick-off meeting with key stakeholders to define the



upcoming changes, reinforce the reasons the technology is being introduced, and clearly outline the roles and responsibilities for all involved⁵.

Role of Technology for communicable healthcare:-

1. The Internet has become a main source of medical information

According to the Pew Internet and American Life Project, in a 2004 survey of 8 million seniors who use the internet, only 66% said they searched healthcare information online. In 2009 24 million Americans reported the same.

It goes without saying that more and more people are using the Internet to research their medical issues. This means not only looking up symptoms, but exploring treatments and medicines on the web. While it is never a good idea to skip out on the doctor completely, the Internet has made patients more empowered to make decisions about what to do next⁶.

2. Healthcare facilities are reaching patients using social media

It is easy to see how public clinics, doctor offices, and even research facilities can take advantage of social media tools to reach wider populations. And there is evidence that they are going above and beyond.

Healthcare facilities, particularly hospitals, are using social media to establish contact with patients, answer questions about practices, launch public awareness campaigns, and perform community outreach. Some sophisticated sites even offer instant chats with nurses and doctors about medical issues and reminders for people to get regularly needed tests and vaccines.

⁵<http://managedsolution.com/4-tips-using-technology-improve-healthcare/>

⁶<http://www.businessinsider.com/6-ways-technology-is-improving-healthcare-2010-12?IR=T#1-the-internet-has-become-a-main-source-of-medical-information-1>



These projects have taken off on college campuses but are rapidly spreading to more mainstream institutions (Hey - even senior citizens are on Facebook now!). A detailed presentation on this trend can found here.

3. Better treatment and less suffering

Let's not forget the most obvious way technology has changed healthcare: by providing new machines, medicines, and treatments that save lives and improve the chance of recovery for billions.

Not only do sophisticated medical practices help patients heal directly; new technology has also improved research so experts can make healthcare even more effective.

This moving story of how new technology changed the life of someone who suffered from chronic obstructive pulmonary disease is only one example of how lives are being changed in practical, every-day terms.

4. Improved patient care and worker efficiency

Information technology has made patient care safer and more reliable than before. Nurses and doctors use hand-held computers to record a patient's medical history and check that they are administering the correct treatment. Results of lab tests, records of vital signs, and medicine orders are all electronically put into a main database that can be referred to later. And as more institutions are adopting electronic health records, patients have easier access to their own information so they too can understand what is being done to them.

These electronic databases are also consolidating large amounts of information that are used for medical research. With vast patient history, scientists can better study trends and causes of ailments. This means more breakthroughs to come.

5. Doctors are easier to reach and better at their jobs

With the touch of a smartphone doctors can access thousands of pages of medical textbooks. They can also use online medical databases to easily look up case studies and check out detailed patient history.



Technology has also enabled doctors to use e-mail, texts, videos, and conference facilities to consult colleagues from all over the world. This practice, known as telemedicine, is especially useful for doctors and patients in rural and under-developed areas. Without moving patients, doctors can consult experts from all over the world to diagnose, treat, and research conditions without needing access to a sophisticated hospital. Telemedicine was used effectively after the 2010 Haiti earthquake and will no doubt be refined for future use.

6. Online databases can accurately predict medical trends

By analyzing health information that users search for online, search engines such as Google have been able to accurately predict medical trends such as flu outbreaks.

Google explains its process on Google.org:

"Of course, not every person who searches for "flu" is actually sick, but a pattern emerges when all the flu-related search queries are added together. We compared our query counts with traditional flu surveillance systems and found that many search queries tend to be popular exactly when flu season is happening. By counting how often we see these search queries, we can estimate how much flu is circulating in different countries and regions around the world."

This breakthrough will help medical experts respond to outbreaks quickly as well as take preventative measures. And as more and more people use the web to search for their own medical problems, these internet giants will have even more information to apply to scientific studies.

References:

Akatsu H, Aslam A. (1996), "*Prevalence of hypertension and obesity among women over age 25 in a low income area in Karachi, Pakistan*". J Pak Med Assoc; 46: 191-193, MEDLINE.

American Public Health Association.(2007), "*Restricting trans fatty acids in the food supply policy statement*"#200711, November 6, 2007].



www.apha.org/NR/rdonlyres/160F07EF-931B-4FA1-802_04046F8B8C37/0/D5TransFatFinal61807.pdf.

Bonnie R, George D(1975). “*Radio Television Spot Announcement for Family Planning*”. Chicago: WorldWide, University of Chicago.

Brown JD, Walsh-Childers K (1994). “*Effects of Media on Personal and Public Health*”. In: *J Bryant, D Zillmann(Eds.): Media Effects: Advances in Theory and Research*. Hillsdale, New York: Erlbaum, pp. 389- 415.

Bryant J, Thompson S(2002), “*Fundamentals of Media Effects*”. New York: McGraw-Hill.

Connolly V, Unwin N, Sherriff P, Bilous R, Kelly W. (2000), “*Diabetes prevalence and socioeconomic status: a population based study showing increased prevalence of type II diabetes in the deprived areas*”. *J Epidemiol Community Health*; 54: 173–177,

Dongso Han, In-Youngko and Sungjoonpark, (2008), “*An Evolving Mobile E-Health Service Platform*” Information and Communications University, Daejeon, Korea.

Dubey, Burdhan A (1981), *Content Analysis of Messages and Programmes. Module on Research in Health*, International Refereed Research Journal www.researchersworld.com Vol.– III, Issue 2(1), April 2012 [98] and *Population Communication*. New Delhi: NIHFW.

Eszterhas J.(2008), “*Hollywood’s responsibility for smoking deaths*”. Available at: www.nytimes.com/2002/08/09/opinion/09ESZT.html. Accessed January 3,

Elo, T. Irma. (1992), Utilization of maternal care services in Peru: The role of women’s education. *Health Transition Review* 2 (1): 49–69.

Freimuth Vicki S, Greenberg Rachel H, DeWitt Jean, Romano Rose Mary 1984. Covering Cancer: Newspapers and the Public Interest. *Journal of Communication*, 34: 62-73.

Gruca T S and Wakefield D.S. (2004), “*Hospital Web sites: Promise and Progress*”, *Journal of Business research*, Vol 57, No 9, PP 1021-1025.



Grusec, J. E. (1973). Effects of co-observer evaluations 3 on imitation: A developmental study. *Developmental Psychology*, 8(1), 73.

Gupta OP, Joshi MH, Dave SK. (2008), “*Prevalence of diabetes in India*”. *AdvMetabDisord* 1978; 9: 147–165,

ITP Division (2010), Ministry of External affairs, GoI, “India in business”, <http://www.Indianbusiness.nic.in>.

Montgomery KC, Chester J.(2009)“Interactive food and beverage marketing: targeting adolescents in the digital age”. *J AdolescHealth*. 2009; 45(3 suppl):S18 –S29.

Pardeshi, G. &Kakrani V.(2006), “*Challenges and Options for the delivery of Primary Health Care in Disadvantaged Urban area*”, *Indian Journal of Community Medicine*, Volume 31, No 3, July- September.

Kroeger, A. (1993), “*Anthropological and socio-medical health care research in developing countries*”. *Social Science and Medicine* 17 (3): 147–61.

Kumar, R. M., M. Singh, and M. Kaur. (1997), “*Impact of health center availability on utilization of maternity care and pregnancy outcome in a rural is of Haryana*”. *Journal of the Indian Medical Association* 95 (8): 448–50.

Levine, R. E., H. E. Cross, S. Chhabra, and H. Viswanathan. 1992. Quality of health and familyplanning services in rural Uttar Pradesh: Theclient’s view. *Demography India* 21 (2): 247–65.

Rao, K. V., V. K. Mishra, and R. Retherford. (1998), “*Knowledge and use of oral rehydration therapy: Effect of exposure to electronic mass media*”. *National Family Health Survey Bulletin No. 10*. Mumbai: International Institute for Population Sciences; Honolulu: East-West Center, Program on Population.

Ramaiya K, Kodali VRR, Alberti, KGMM (1990), “*Epidemiology of diabetes inAsians of the Indian Subcontinent*”. *Diabetes Metab Rev* 1990; 6: 125–146,



Retherford, R. D., and V. Mishra. (1997), “: *Media exposure increases contraceptive use*”. National Family Health Survey Bulletin No. 7. Mumbai: International Institute for Population Sciences; Honolulu: Eastwest Center, Program on Population.

Rideout, V. J., Vandewater, E. A., & Wartella, E. A. (2003). *Zero to six: Electronic media in the lives of infants, toddlers and preschoolers* (Report): The Henry J Kaiser Family Foundation; Children’s Digital Media Centers.

Sartia, P. T., and R. Touminen. (1993), “*Use of health care services in two rural communities in Tanzania*”. Community Dentistry and Oral Epidemiology 21 (3): 133–35.

Sawhney, N. (1993), “*Management of family welfare program in Uttar Pradesh: Infrastructure utilization, quality of services, supervision and MIS. In Family planning and MCH in Uttar Pradesh*” (a review of studies), ed. M. K. Premi, 50–67. New Delhi: Indian Association for the Study of Population.

Sawaya AL, Dallal G, Solymos Get.al(1995), “*Obesity and malnutrition in a shantytown population in the city of Sao Paulo*”, Brazil. Obes Res 1995; 3: (suppl 2): 135s–143s,

Tolman DL, Kim JL, Schooler D, Sorsoli CL.(2007), “*Rethinking the associations between television viewing and adolescent sexuality development: bringing gender into focus*”. *J Adolesc Health*. 2007;40(1):84.e9–84.e16

Varadarajan V, Ganz A. VolunteerGet--a novel information system for engaging society in volunteering for emergency care. Conference Proceedings: ...Annual International Conference of the IEEE Engineering in Medicine & Biology Society. 2008;2008:747-50.

Westoff, C. F., and A. Bankole. (1997), “*Mass media and reproductive behavior in Africa. Demographic and Health Surveys Analytical Reports*”, no. 2. Calverton, MD: Macro International.