

Short Communication

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Health communication in primary health care

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ABSTRACT

Developing Information and Communication Technology (ICT) supported health communication in PHC could contribute to increased health literacy and empowerment, which are foundations for enabling people to increase control over their health, as a way to reduce increasing lifestyle related ill health. However, to increase the likelihood of success of implementing ICT supported health communication, it is essential to conduct a detailed analysis of the setting and context prior to the intervention. The aim of this study was to gain a better understanding of health communication for health promotion in PHC with emphasis on the implications for a planned ICT supported interactive health channel.

Keywords: Health, Communication, Primary health centre

INTRODUCTION

Primary health care (PHC) has been singled out as the most suitable health care setting to meet the increasing need for health promotion interventions and to curb the rising number of chronic diseases.¹⁻³ A majority of people depend on health care services for health information, yet PHC is poorly equipped to provide this service.⁴ Developing information communication technology (ICT) supported health communication in PHC could contribute to increased health literacy and empowerment, which are foundations of health promotion and the notion of enabling people to increase control over their health and its determinants, and thereby improve their health.^{5,6} It is however essential to conduct a detailed analysis of the setting and context prior to implementing an intervention in order to “avoid murky water and increase the likelihood of success”.⁷ The aim of this study was to gain a better understanding of health communication for health promotion and factors affecting such communication in a PHC setting, as a first phase in the development of an ICT supported health channel.

ALTERNATIVES

Health communication

The development of health communication for promoting health has mainly taken place outside the health care services.¹ When health communication does occur within the health care services, it lacks a broad socio-ecological health promotion approach, needed to tackle lifestyle related ill health and health inequalities.^{8,9} An ecological health promotion approach addresses socioeconomic and cultural factors that determine health as well as providing information and life skills to make appropriate health decisions. Such an approach includes both promoting health and preventing diseases, and is referred to as a health promotion approach in this paper.¹⁰ Consistent with this health promotion approach, health communication in this article is defined as ‘the art and technique of informing, influencing and motivating individuals, institutional and public audiences about important health issues’.¹¹ The communication adopts a participatory approach whose main aim is empowerment

through dialogue and mutual learning; the process is as important as the outcome.¹²

PROPOSED SOLUTION

Participatory communication could facilitate collaborative learning for both provider and receiver of health communication.¹³ Health communication providers can learn about receiver's needs and preference for health communication through collaboration process; an insight that could enable them to construct health communication resources that is relevant and accessible to intended receivers. Likewise, receivers may gain more knowledge on health and health management as well as relationship between health and lifestyle through the same dialogue process.¹⁴ Raising health literacy of both parties is important for sustainable health care services.

As a concept, health literacy encompasses more than transmitting health information and developing skills. It entails improving people's access to health information and support capacity to use it effectively; in order for them to make informed choices, reduce health risks and increase quality of life. In this light, health literacy is an important public health goal to reduce inequity.⁶

RECOMMENDATIONS

ICT-mediated health communication

ICT mediated health communication media, with internet at the forefront should become an accepted strategy for communicating health. Internet's flexibility and accessibility through different channels makes it an ideal platform for communicating health.

Health channel is defined as a mode of transmission that enables messages to be exchanged between "senders" and "receivers." In the context of internet, senders of the communication may have to contend with participants who engage, contest, reframe and deepen the messages in the communication process. This may take place either in an on-going dialogue in real-time or via other feedback avenue. Implementation of ICT for health communication or aspects of ICT in health communication, as in eHealth applications, is essential to meet growing demands for cost-effective, appropriate and individually tailored health care as well as to increase accessibility to health services, improve population health outcomes and to achieve health equity.

CONCLUSION

Health communication is an integral part of health promotion practice in PHC in this case study. However, there was a lack of consensus among health professionals on what a health promotion approach was, causing discrepancy in approaches and practices of health communication. Health communication practiced in PHC is individual based, preventive and reactive in nature, as

opposed to population based, promotive and proactive in line with a health promotion approach. The most significant challenge in developing an ICT supported health communication channel for health promotion is profiling a health promotion approach in PHC. Addressing health promotion values and principles in the design of ICT supported health communication channel could facilitate health communication for promoting health, i.e. 'health promoting communication'.

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REFERENCES

1. Frankish C, Moulton J, Rootman I, Cole C, Gray D. Setting a foundation: underlying values and structures of health promotion in primary health care settings. *Primary Health Care Research & Development.* 2006;7(2):172–82.
2. Wise M, Nutbeam D. Enabling health systems transformation: what progress has been made in reorienting health services? *Promot Educ.* 2007;14(suppl 2):23–7.
3. Watson M. Going for gold: the health promoting general practice. *Qual Prim Care.* 2008;16(3):177–85.
4. Ratzan SC. Health Communication: beyond recognition to impact. *Journal of Health Communication: International Perspectives* 2011;16(2):111.
5. Kickbusch I, Ratzan S. Health Literacy: making a difference in the USA. *J Health Commun* 2001;6(2):87–8.
6. Nutbeam D. Health literacy as a public health goal: a challenge for contemporary health education and

communication strategies into the 21st century. *Health Promot Int.* 2000;15(3):259-67.

7. Poland B, Krupa G, McCall D. Settings for Health Promotion: an analytic framework to guide intervention design and implementation. *Health Promot Pract.* 2009;10(4):505-16.
8. Kreps GL, Neuhauser L. New directions in eHealth communication: opportunities and challenges. *Patient Educ Couns.* 2010;78(3):329-36.
9. Marmot M, Friel S, Bell R, Houweling TAJ, Taylor S. Closing the gap in a generation: health equity through action on the social determinants of health. *Lancet.* 2008;372(9650):1661-9.
10. Richard L, Potvin L, Mansi O. The ecological approach in health promotion programs: the views of health promotion workers in Canada. *Health Educ J.* 1998;57(2):160-73.
11. Smith BJ, Tang KC, Nutbeam D: WHO Health Promotion Glossary: new terms. *Health Promot Int.* 2006;21(4):340-5.
12. Tufte T, Hemer O: (Eds): *Media and Glocal Change – Rethinking Communication for Development.* Gothenburg: NORDICOM; 2005.
13. Mantoura P, Potvin L: A realist-constructionist perspective on participatory research in health promotion. *Health Promot Int.* 2012.
14. Zarcadoolas C, Pleasant AF, Greer DS: *Advancing health literacy: a framework for understanding and action.* San Francisco: Jossey-Bass; 2006.

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