

# INNOVATING HEALTH COMMUNICATIONS

USING MUSIC, VIDEO AND OTHER INTERACTIVE MEDIA

**DRAFT** WHITE PAPER

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## Introduction

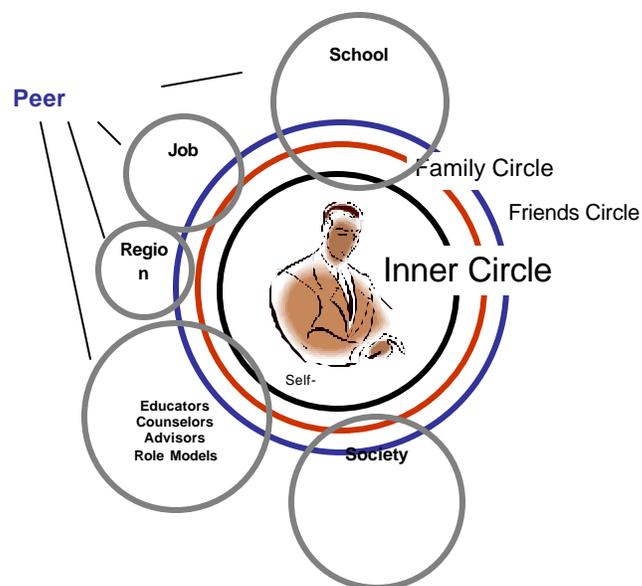
Communications is one of the most important tools in the healthcare system. It is a component of the system that is required on all service levels ranging from patient-doctor, pharmacist-patient, parent-child, teacher-student, and system-public communications. In an individual's lifetime, multiple incidences of health communications will occur and the volume and qualitative nature of these communications events have a direct effect on their overall health.

In fact, evidence shows that poor health communications is a major factor in access to health care, quality of health care, healthcare costs, health disparities and many other health outcomes. A widely accepted principle is that disease prevention is better than the cure. And, disease prevention often requires the communication of healthy behaviors and identifying common risk factors. In addition, disease maintenance involves communications about medications and other treatment procedures. That is why improving health communications should be a goal and a requirement of all government agencies and health care providers. Individuals must also take responsibility of their own health status by seeking knowledge and tools that can help them to maintain a healthy lifestyle.

This white paper presents a strategy for advancing health communications systems beginning with a review of the communications channels and methodologies currently in use. Next, a pitch is made to health department program managers to consider deploying more innovative communications techniques across a more diverse network of channels. And finally, new research evaluation metrics are set forth to measure the effectiveness of these new techniques.

## Interpersonal Communication Channels

Communication channels represent the techniques and media utilized to communicate various message to the public. When it comes to health information messaging, interpersonal (people-based) channels offer the best efficacy for health communicators because individual health perspectives are known to be influenced by their respective circles of contacts. These personal contact circles include one's doctor, family and friends. Individuals are especially likely to listen to their doctor and they may also respond positively to health information delivered through communications from role models such as teachers and other mentors.



### ***Doctor-to-Patient Communications***

This category of bi-lateral health communications may be the most important. First, doctors can have great influence on their patients. Doctors must be able to ascertain patient symptoms and then communicate a diagnosis and treatment instructions to the patient. Patients, on the other hand, have the responsibility of communicating their health condition and symptoms to their doctor.

Since doctor compensation is increasingly tied to the health of a pool of patients, it has become more critical for them to take proactive steps to help their respective patient networks maintain and improve its collective health. This circumstance mandates increased doctor-patient communications.

Even though more doctor-patient communication is required, unfortunately, many doctors can only spend a limited time with their patients. Doctors need more time to access and understand a patient's communication of their symptoms so that he or she can make the proper diagnosis. Doctors need more time to describe the benefits and the potential side-effects of any medications they might prescribe. Furthermore, doctors need more time to counsel patients and to provide hope so that the patient will believe their health will improve.

One of the changes required is a policy change in medical schools where there should be a new focus on increasing the effectiveness of doctor-patient communications. Learning skills such as "how to pick up subtle patient clues," "how to ask the right questions," and "how to explain treatment," "how to communication compassion" should be mandated for medical students because these skills can have a significant positive effect on overall patient health.

### ***Nurse-to-Patient Communications***

Although doctors diagnosis patients and recommend treatment, in real practice, nurses provide the essential care a patient requires. The point to be made is that nurses must also communicate with patients on a number of subjects including initial diagnosis, scheduling, treatment instructions and prescription medications. In addition, nurses often exchange billing information between the patient and their respective insurance providers, and they also coordinate patient referrals to other physicians and medical specialists.

One of the main ways nurse communications could be enhanced is by providing them with the capability to collect information electronically from patients and insurance providers. That way they won't have to help patients complete the necessary paperwork. Filling out paper forms can be especially difficult if there are literacy issues.

### ***Pharmacist-to-Patient Communications***

Pharmacist-patient communication challenges are similar to doctor-patient communications. First, pharmacists have a limited amount of time to talk with their customers. In the short time they have they must explain the timing and best methods of ingesting medication and they may also need to communicate a particular medication's potential side effects. In addition, patients may communicate to the pharmacist crucial information about their symptoms and specific health condition and the pharmacist should be sensitive to these types of communications. Sometimes there is a need to forward the information to the patient's doctor.

Pharmacist–patient communications could also benefit from pre-recorded multimedia messages either on CD or DVD. When the patient comes to pick up the medicine instead of text base instructions, they would get a multimedia version that really can simplify that information. These programs could further explain consumption instructions and side effects of various medications.

### ***Teacher-to-Student Communications***

Like doctors, teachers have great influence over students. But unlike doctors, teachers have considerably more time and more opportunities to communicate with students. They can exercise their influence on their pupils more frequently. Like pharmacists, teachers need to also be sensitive to information students may communicate regarding health symptoms and other physical challenges they may be facing. Again, in certain circumstances, this information may need to be forwarded to the child's parent or physician.

Teachers need new communication tools that can help them translate and disseminate information to students. Traditional communications techniques such as in-class lectures, books, paper brochures, instructional videos and PSA's may not be the most effective channels for health communications targeted towards youth.

### ***Student-to-Student Communications***

Peer pressure is a strong motivator for students. In fact, peer-based norms are a major factor in how students decide what to eat, how often to exercise and many other health and wellness behaviors. Students know what's in fashion. They know what's hip and what's popular.

Health communications campaigns could probably benefit by leveraging the influence students have on each other by increasing their utilization as spokespeople or role models for good health behaviors activities. Students are also great advocates against bad behavior activities because they may discover the behavior amongst their peers before parents or educators. This gives them an earlier opportunity to deter such behavior.

### ***Family-Based Communications***

Family members are intimately aware of the health and well being of other family members. Family members may pick up on subtle cues such as a short comment, or facial expression that indicates that someone not feeling well. A family member may also be more likely to confide in another family member regarding their health status. Other aspects of family life are shared and intertwine with health like diet and exercise.

In designing health campaigns targeted toward the family, program manager need to incorporate language and scenarios that speak to the entire family.

### ***Parent-to-Child Communications***

Parents have great influence on the health behavior of children. In the younger years they can mandate what a child eats and how much exercise they get. And as the child ages, parents can still have a positive impact on their health. Parents can control a child's diet and they can also encourage the child's participation in physical activities.

Health communications stakeholder should engage parent in this area and they should implore them to take responsibility for the mental, physical and emotional health of

their children. They should be empowered to have health-based conversations with their children and they should teach children how to read food labels and educate them on vitamins, minerals and other food nutrients required in a balanced daily diet.

### **Spouse-to-Spouse Communications**

By virtue of their vows spouses have committed to each other a special and ideally open access to all aspects of their life. Moreover, together spouses can define the health and wellness environment in which the entire family will live. Spouse-to-spouse communications can influence the diet of the family. An example of this type of spouse-to-spouse communications could include a mother announcing a new family diet policy or the husband requesting a special meal. Spouses are generally the first to notice weight gain in the other spouse. And any husband would tell you that this is a very tricky subject to comment upon. It's not a favorite subject for either side and indeed one must tread lightly and even dance around the topic.

Effective spouse-to-spouse communications could provide a necessary deterrence to bad health behaviors such as smoking, alcohol or other substance abuses. And they can also offer motivation for positive health behavior change, not only in diet, but also in increase physical activity as well. A spouse can detect health symptoms and encourage a spouse to seek medical attention.

Spouse communications could improve if additional tools were available to them that they can utilize to promote open conversations about health and wellness. First, spouse-to-spouse communications should express patience and spouses require listening skills that will to the intensely focus on the points the other spouse is making in a discussion. Unfortunately these communications sometimes incorporate bad techniques such as yelling, or nagging that may actually be counter-productive to the goal or objective intended.

### **Friend-to-Friend Communications**

Each of us has an extended family circle that also includes a network of friends and often friends have even more influence than family members. Friends share a trust and that generally provide for open communications on a number of subjects. Friends eat together and they play together. So, as it relates to health, friend-to-friend communications can be very instrumental in good diet decisions and in the promotion of increased physical activity.

Communication tools that help friends to add health and wellness to their discussion topics would be very helpful. Health educators should help friends learn how to utilize their influence to positively affect the health of their extended family and friend network.

### **Self-to-Self Communications**

The most important type of communications one can have is with oneself. Individuals have a self interest in maintaining good health. In order to accomplish well-being, individuals must understand that the decisions we make daily are the key to our well being. "What should I eat for breakfast?" "How close should I park to the grocery store?" "Should I exercise today?" These are just a few of the many questions one poses in an ongoing dialogue with oneself.

Health communications campaigns should focus self-to-self communications because individual behavior change is dependent a self reflective conversation. Health educators should craft message that highlight motivation norms for individuals. For example, parents are highly motivated by the well being of their children. No parent would like to entertain the thought of their children having to fend through life without their support. Parent want and expect to witness the great landmark events for each of their children. A communications campaign that leverages this emotion might include messaging that positions the parent's health behavior in the context of their children's well being. Such a campaign might include the message, " how could they live without me?" Another effective angle might be if a message prompted an individual to think about their mortality or the brevity of their own existence

## **System-based Communication Channels**

### ***Organizational-Based Wellness Communications***

Organizations can have influence on their members. One of the main ways organizations can improve their communication with of their members is by delivering a firm statement of the organizational wellness goals. The organization should make it clear how critical good individual health is to the overall organization mission. Organizations can also communicate health services and diet tips, promote physical activity and occupational safety. As is the case with students, peer-to-peer communications amongst organizational members can be very important because not only for early detection of symptoms, but also because members can help motivate colleagues to see a physician.

### ***Medical Insurance Provider - Patient Communications***

Medical insurance providers have an inherent interest in improving the health of their patient subscriber network. For them, unhealthy subscriber patients mean higher costs and healthy patients translate into increased profits. To the end providers should communicate messages that promote safety and injury prevention and early detection of chronic diseases. In addition, providers can also benefit by providing more effective treatment instructions so that patients can realize the best results from the health services. Insurance providers could produce pre-recorded DVD messages that explain their services like those that run on a dedicated channel on DirectTV or cable networks.

### ***Community Outreach/Government-Public Communications***

Government agencies spend billions of dollars and allocate a substantial amount of resources on programs and campaigns covering a broad area including chronic disease awareness, treatment programs.

### ***Health Fairs/Community Screenings***

Although health fairs do yield some positive results in the area of screening and field-based testing, considering the planning, promotion, setup, implementation, clean-up and follow-up, they are very resource intensive. That's why they are typically annually events. The attendance at health fairs is generally sparse and limited to the families, membership or clientele of the social network hosting the event.

### ***School-Based Wellness Communications***

Childhood obesity rates and incidents of youth Type 2 diabetes is increasing. That's one of the reasons that in 2006, the federal government mandated that every school in American implement a wellness program. The program is itself currently not strictly regulated. As a result, many schools have implemented a variety of programs that primarily focus on nutrition literacy and fitness. But suffice to say, administrators and program directors still need help in developing school wellness programs that are compelling to today's students. This is because the students of today like to consume information and entertainment media that includes a high volume of visual and audio stimuli. They like video games, music, dance, sports television, web-based social networks and text-messaging on their cell phones. Teens and adolescents especially, are influenced greatly by pop culture, peer pressure, social norms and commercials.

### **Media-Based Communications Channels**

Mass media channels are the most frequently employed techniques by health campaigns. Studies show that they are effective in raising awareness and stimulating information and service requests. The main mass media techniques employed are:

- Radio & Television (Public Service Announcements)
- Paper Media (Brochures, Pamphlets, Direct Mail, Newspapers, Magazines and Posters)
- Billboards
- Interactive Digital Media Channels (Internet Web Sites, CD-ROMS and Kiosks)

### ***Brochures, Pamphlets and Text-Based Communications***

While text-based messaging can facilitate the delivery of detailed health information, it's probably the single most ineffective communications technique employed by health agencies today are brochures, pamphlets and other text-based communications. How many of people actually read the health brochures they receive? Most people discard paper-based materials at their earliest instance. Thus, using paper to communicate health information is not only a waste of monetary resources a case can be made that it's also harmful to the environment. In addition, text-based communications depends on the reading literacy of the recipient and that can renders it useless when it distributed to someone who is illiterate. Target populations who experience health disparities have a difficult time consuming information delivered via print materials. And, even when recipients are highly educated there remain other barriers to effective use and comprehension of text-based health information. Consider the six-point sized text of the paper inserts in a bottle prescription medication. The insert contains very important information (side-effects, instructions, etc.) but it's rarely read and the content is understood even less.

### ***Radio and Television Public Service Announcement (PSA's)***

Mass media channels are the most frequently employed techniques by health campaigns. Studies show that they are effective in raising awareness and stimulating information and service requests. In addition, television public service announcements combine visual content with audio content which is a good

technique for emotional appeals and demonstrating various health behaviors. Both radio and television programs can reach large numbers of people rapidly and can provide instantaneously dissemination of health information.

Although radio and television PSA reach a large audience, they too are rarely effective at causing individual behavior change. Typically, at the moment one hears or sees a PSA they change the channel. Radio and television PSA's are commercials and most people seek to avoid consumption of commercials. Mass media PSA's are very expensive and given their small communication budgets, health departments have difficulty sustaining communications campaigns through these channels. In addition, interpersonal dialog is not possible with this dialog, since there is a random demographic at any given airing of radio or television PSA. A recipient subject has thirty or sixty seconds to focus on the message, and he or she cannot predict when the message will be aired again.

### **Innovating Health Communications**

The narrative above speaks to "why" change is necessary in today's health communication systems. However, given that change is necessary, the main question becomes "what" change is required. Moreover, the standard questions of "who", "what", "when", "where", and "how" will need to be addressed for every level of health communications in order to develop, implement and evaluate innovative solutions to today health care challenges.

Today's health communication systems do an inadequate job in delivering understandable and usable information to the public at-large. And, even though health department managers are aware of the changing healthcare environments, and increasing health disparities, they appear to be stuck in a groupthink mindset when it comes to the development of health communications strategy.

Unfortunately, these managers are currently hesitant to implement innovative methodologies and interventions. Rather they remain only comfortable implementing the same programs, projects, and techniques that they have implemented previously. A health care system that continues to allocate communications resources to brochures, pamphlets, health fairs and public service announcements will continue to get the same results.

If different results are required, program managers must to be open to the implementation of new methodologies such as the Conversational Communications Model. Moreover, these new techniques should be applied across a more diverse network of communication channels that include music, video, text messaging and the internet.

### ***Conversational Communications Model***

Many would be surprised to know that there is a simple technique that could dramatically improve health communications and health literacy across all population group segments (gender, race, region, educational background, income profile). This technique is called the Conversational Communications Model.

Although Conversational Model could be applied to each of the health communication levels described above, it is currently underutilized.

There is a lot of power in conversations and one of the reasons health communications stakeholders, agencies and departments should consider increased utilization of conversational messaging techniques in health communications is because conversations can be adapted to the literacy skill level of the target audience. In addition, conversations facilitate increased linguistic culturally sensitive to the presentation of health information.

The most basic form of health communications is a conversation. Conversations occur from a number of different perspectives including self-to-self, doctor-to-self, self-to-family, and mentor-to-self. Conversations can have influence on the individual and they can compel a health behavior change.

### **Health communications should employ conversations messaging techniques in order to make health information usable to the public.**

Program managers who are implementing health behavior change campaigns, should try to better understand the dynamics involved in how people decide to make behavior changes. Their campaigns should employ conversations that demonstrate, leverage or account for these factors. There are various documented theories that describe the stages of behavior change.

#### **Conversations Based on Theory of Reasoned Action**

The Theory of Reasoned Action (Ajzen & Fishbein, 1980) which highlights the importance of the intention to perform that behavior. This theory documents major factors that influence one's intention, including a person's attitude toward the behavior, a person's subjective norms about the behavior, and the opinions of people in one's inner circle.

An example of a conversations based on this theory would be

#### **Conversations Based on Social Cognitive Theory**

The Social Cognitive Theory (Bandura, 1992) speaks to individual confidence and the belief that one has the skills, abilities and motivation necessary to execute a behavior change.

#### **Conversations Based on Health Belief Model**

The Health Belief Model (Becker, 1974) documents the influence of fear and the motivation of being personally threatened by a disease. This model also comparison individuals make between the benefits of change and perceived costs of change.

#### **Conversations Based on Stages of Change Model**

The Stages of Change Model (Prochaska, DiClemente, & Norcross, 1992) identifies the five main stages a person goes through on the way to behavior change. The Stages of Change model states that to drive individual behavior

change, it is necessary to identify the current stage status of the individual and then develop interventions that advance individuals to the next stage. The process is non-linear and individuals may move forward and backwards in the process.

Campaigns should also consider launching health-based conversations as early as age 2 or 3 and continue them throughout one's lifetime. The earlier one learns healthy lifestyle habits, the easier it will be to sustain those healthy behaviors. In addition, ongoing positive health behavior reinforcement messaging is required to compete with daily commercial messaging that is promoting negative health behavior.

### ***Diversifying Communications Channels***

#### **Music-Based Health Communications**

To be effective, health education messages need to employ marketing and sales techniques similar to-consumer advertisement and other commercial campaigns. And, considering the impact of music on language, fashion and other cultural trends in our society, it's only natural to project the role music can have in a multi-channel strategy to educate Americans on health and wellness concepts and issues.

#### **Music-Based Health Communications Simple Working Definition**

The use of **melody**, **instrumentation**, and **vocal harmony** to enhance the presentation and delivery of health and wellness information to individual and communities.

The notion of combining health information with contemporary, positive and upbeat musical song formats such as "**hip-hop**," "**country & western**," "**rock**" and "**soul**" is a cutting-edge concept. Consider that musical melodies provide access to the individual subconscious and because of this phenomenon; health information songs can be function as communications agent that can affect individual attitudes and promote behavior change.

In fact, the use of melody, instrumentation and vocal harmony to enhance the presentation of health and wellness information is not a new concept. Increasingly health communicators are imagining health literacy content in different media formats. You may have noticed the role music plays in direct-to-consumer pharmaceutical advertisements and most radio and television commercials also feature musical soundtracks. However, the song-instrument itself, and the power of melody and music in general, are rarely utilized by health agencies to enhance their communication's objectives.

Typically, popular songs are about the subjects of love, sex, fun, violence. But, can you imagine what would happen if a cool song was created to educate the public on the symptoms of diabetes? Other songs could be produced to teach skills such as how to read a food label. Still others could promote the benefits of exercise. What if people enjoyed sing them? Indeed, there are many opportunities for agencies and stakeholders to utilize music to deliver health information. By placing health information content in the song's **introduction**, **verse structure**, **chorus** and **outro adlibs** components, songwriters can create simulated melodic health

messengers. Once they are produced these songs can be disseminated through the traditional channels including **music CD's, music videos, workshop presentations, stage performances, DVD's, websites presentations, and interactive CDROM programs.**

Several prototype songs that demonstrate the technique of music-based health communications can be previewed at the website [www.groovypyramid.com](http://www.groovypyramid.com). The songs address health topics ranging from diet, nutrition, physical activity, obesity and chronic diseases such as diabetes, cancer, HIV/AIDS, and heart disease.

### **Unique Benefits of Music-based Health Communications Systems**

While there are many advantages to increased utilization of music-based health communications, the main benefits to this approach are improvement in the following health communication metrics:

- **Message Consumption**  
*Retention, Understanding and Utilization*
- **Message Broadcast Distribution & Dissemination**  
*Population Segment Reach, Scalability, Campaign Economics, Cost Per Person Impacted*
- **Message Impact Efficacy**  
*Ability to Enhance Knowledge, Adjust Attitudes, Change Individual Behavior*

#### ***Message Consumption Benefits***

When compared to other forms of health communications, music-based messaging offers consumers a double benefit of increased density and improved comprehension of health information. There is a particular link between melody and memory that is well known, but not well understood. It's like memory magic. Whether, it's the ABC song, or "Twinkle Twinkle Little Star" it generally only takes a few notes for us to "name that tune."

By adding music melodies to their messaging campaigns, health agencies can increase the affinity for the information they want to disseminate. The messages become less dependent on audience literacy and become more attractive to the recipients than messages disseminated on paper, billboards or in even the traditional radio or TV PSA's. Furthermore, popular melodies can also increase tolerance for repeated airings of health information.

#### ***Dissemination and Distribution Benefits***

There are many opportunities for agencies and stakeholders to utilize music to deliver health information. By placing health information content in the song's **introduction, verse structure, chorus** and **outro adlibs** components, songwriters can create simulated melodic health messengers. Once they are produced these songs can be disseminated through the traditional channels including **music CD's, music videos, workshop presentations, stage performances, DVD's, websites presentations, and interactive CDROM programs.**

Furthermore music-based messaging is less expensive to produce and distribute than television and radio public service announcements, and more environmentally

friendly than print materials. Another added benefit for music-based health communications is a concept called message recycling. Most print materials are consumed by only one consumer per piece, and print materials are often discarded immediately before they are consumed. Rarely is a printed brochure consumed completely as intended by the print piece designer even by the one consumer. Consider also the number of instances when an individual reads a printed document and in turn shares or repeats the information contained in the piece with another person. Even billboards, and radio/television public service announcements are rarely shared with others and they rarely prompt conversations on the subject amongst one's inner circle. In contrast, if an individual likes a melody of a song, they will want to hear the message contained in the song multiple times and may share the song with others.

### ***Efficacy Benefits***

Music-based messaging is more effective than other forms of messaging because they can simulate interpersonal communications. Songs lyrics can illustrate various environments and include simulated self-to-self, parent-to-child, spouse-to-spouse and doctors-to-patient conversations.

Definitive findings in the above comparatives will necessitate additional research study, however in lieu of formal, peer-reviewed research, assertions in this synopsis are offered based on informal empirical data, pilot implementations, basic communication's principles and common sense reasoning.

### **Video-Based Health Communications**

Video-based communications has been a popular form of health messaging for quite some time, primarily in the form of television public service announcements. Health messages have also been placed in network television programs and in some movies as well. However, health campaigns could probably benefit from new distribution options for video content. Internet based channels such as First, YouTube, MySpace, Facebook and others can offer on demand access to health information.

Doctor-patient communications can also be enhanced with recorded video messages that speak to certain conditions, symptoms and diagnosis. Doctors could distribute video DVD's for their patients that highlight treatment and medication instructions, their practicing philosophy, extra curricular community service activities. Over time, the doctor will have a library of portable communications. These communications can take the form of a talk show, or just doctor talking on camera. The video could be played in the doctor's waiting room television or a website. Pre-recorded physician messages could also be distributed via a phone system that automatically calls patients.

### **Cell Phone Based Health Communications**

Given that eighty percent of adults own cell phones, it only makes sense to take advantage of this interactive technology to deliver health information. One potential messaging component of cell phones are ring tones. Currently consumers are spending hundreds of millions of dollars on ring tones downloads. If

health communicators can adapt health messaging in the form of ring tones they could reach people in unexpected places while they are on the go. Today's cell phones also provide interactive access to other digital content such as video and music and text messaging.

Indeed, text-messaging is a popular form of communication particularly amongst today's youth and this technique could be leveraged to enhance health communications. For example, students could send their friends text messages to remind them to eat more fruits and vegetables. Doctors could use text-messaging to check on the status of their patients, and pharmacist could remind their customers to take their medicine.

### **Internet-Based Health Communications**

The internet provides revolutionary access to health information and its use as a communications medium should be further exploited as a tool to educate individuals on many different levels of health literacy. Since text-based information is already prevalent on websites, the next major enhancement of internet health communications will be the integration of other media such as sound and video. Virtual doctor consultations could address the shortcoming of current doctor-patient time constraints, and language barriers. The internet is also an excellent distribution channel for health literacy media programs because it can provide low-cost on-demand access to content. Interactive media provides health education campaigns the ability to transmit interpersonal information while simultaneously documenting feedback from a target audience.

### **New Research and Evaluation Metrics**

While it is common for program managers to conduct **formative research**, (typically a focus group) early in the development of health literacy campaigns, this **formative research is** generally followed by **process research** to measure dissemination statistics and to justify how the departments resources were allocated. Process evaluation reports serve the purpose of answering the question, how did we implement the program? These reports include such data items as media purchases statistics, number of flyers handed out, number of calls made, newspaper coverage, projected audience, and other metrics. One of the main metrics utilized in justifying the implementation of a campaign is **media impressions**. Media impressions are the number of people who might be consuming (reading, viewing or listening) a program at a certain time multiplied by the average number of times the program is ran.

As one might expect, most campaigns typically report a high number of media impressions. Large numbers of media impressions (hundreds of thousands or millions) is always impressive and indeed process evaluations are very effective in measuring implementation effort. However, this research models falls well short is accessing the impact of a campaign.

What are the goals of the health communications systems? Should the unitary goal of health communications be to reach the public, or should it be to impact and improve the health and well being of the public? A million people may have seen

or heard a PSA, but how many were motivated to change their behavior accordingly.

What is needed in today's health communications systems are more outcome research projects that study impact questions. Is this system working? What are the accomplishments of the respective health communications agencies and stakeholders? Are they motivating individuals to adopt improve their health behaviors? Are they effective at the delivery of health information to target at-risk populations? Are their communication campaigns successful in teaching new skills that the target audience can utilize to improve their health? Do their communications programs address health disparities? Were there any sustaining effects from their communications campaigns? Did the health department create any intellectual assets that can be utilized by the audience after the campaigns have concluded? These are just a few questions that require answers?

### **Improved Short-Term Strategies**

Each campaign should incorporate this short and long term focus. For example if a health department is interested in getting the community to eat more fruits, they might focus on a specific fruit in the short term such as grapes. In the short term they could establish base metrics for measuring grape consumption, and next they should develop a one or two month multimedia campaign that promotes the features, advantages and benefits of grape consumption. Subsequently, they should check their metrics and see if they have had an impact on the grape consumption metrics. They should report those results and then move on to the next fruit. A sustained approach of this manner will have a positive long-term effect on overall fruit consumption.

If this concept was applied to physical activity promotion, in the short term, a health department might promote a specific physical activity such as stretching. The program would begin by ascertaining how many people are currently stretching. Next, promote they could launch an education program on how to stretch, when to stretch and why one should stretch. After the campaign, measure the results, and move on to another physical activity such as walking.

### **Public/Private Partnership (Widening the Team)**

Often, health departments and government agencies believe they must solve societal health problems by themselves. What they don't realize is that if they broaden the team they will be more able to face the daunting challenge of improving community health. Resources are also an issue because of increasing cost and decreasing health department budgets.

However, non-profit organizations and corporations often have a synergetic interest in improving public health. These agencies need to be more creative in establishing systems that promote partnerships and encourage participation from the private sector.