50 Effective communication for NCD prevention and control

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Public health communication has been described as 'the scientific development, strategic dissemination, and critical evaluation of relevant, accurate, accessible, and understandable health information communicated to and from intended audiences to advance the health of the public'.[1] Disciplines that contribute to public health communication include communication, health education, commercial and social marketing,[2] journalism, public relations, psychology and behavioural science, informatics and epidemiology.

When well-conceived, carefully implemented and sustained over time, public health communication programmes have the capacity to elicit change among individuals and populations by raising awareness, increasing knowledge, shaping attitudes, promoting motivation and ultimately changing behaviours. Without public health communication campaigns that effectively explain why and how people should adopt healthy behaviours, many of the interventions described throughout this compendium are less likely to be translated into significant health gain, even in environments that are supportive for promoting public health. In addition to promoting healthy behaviours among those targeted, public health communication initiatives can also help change social norms and promote policy changes that promote a more conducive environment for people to adopt healthy behaviours.

Public health communication can be factual (e.g. 'salt increases your blood pressure'), elicit fear (e.g. 'smoking kills', 'bigger snacks, bigger slacks'), encourage action (e.g. providing a telephone number for tobacco cessation services, or urging people to get their blood pressure tested) or highlighting benefit (e.g. 'kiss a non-smoker, enjoy the difference', or 'with a healthy heart, the beat goes on'). The impact can be greatest by using a mix of these. Communication needs to use channels appropriate for the audience; in the 2020s, this increasingly means the use of social media rather than print, which for many belongs to a bygone era.

Too often, health communication campaigns are paternalistic, with one-way communication from 'beneficent' experts to passive audiences.[3] To be effective, communication programmes need to be consistent with the audience's ideas, needs and values.[4] This requires an understanding of the audience's health literacy, culture and diversity. Communication campaigns are

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more likely to be effective when there is two-way communication between promoters and receivers to ensure that messages are accessed, understood and acceptable, and that communities are involved and invested in the aims of the programmes, and that messages are modified as needed.

This chapter describes: (i) the challenge of communicating about NCDs and their risk factors; (ii) the principles of effective communication and targeting the audience; (iii) the role and impact of mass media campaigns; and (iv) the opportunities and challenges of social media.

The challenge of communicating on NCDs

The term 'noncommunicable diseases' is a barrier to communication in the first place. Although widely used by public health and policy professions, especially at global, regional and national levels, most people do not easily understand what is meant by the term NCDs.[5,6] The term unfortunately suggests what the diseases are not (i.e. 'noncommunicable') rather than what they are (disease of the heart and blood vessels, cancer, chronic lung disease or diabetes). This makes NCDs a difficult and unexciting concept to grasp, resonate with and raise attention and resources for. People do not talk about having an NCD, they talk about having a heart attack, a stroke or diabetes. Or breast, cervical or prostate cancer. Or chronic bronchitis or asthma. Similarly, people do not think in terms of NCD risk factors, but rather of having high blood pressure or raised blood cholesterol, or being overweight, or smoking or drinking too much alcohol.

Even focusing on specific diseases or risk factors can be a challenge. Those with risk factors or engaging in unhealthy behaviour may be asymptomatic. Furthermore, the impact of behaviour change (or adherence to treatment for NCDs) at a population level may not be guaranteed for the individual concerned (e.g. some people with a healthy diet or taking antihypertensive treatment may still have a heart attack and there will be some smokers that live to old age).

Nevertheless, behaviour change can result in rapid benefits for many (e.g. quitting smoking leading to improved respiratory function, a reduction in flare-ups of bronchitis, financial savings; reducing intake of alcohol leading to better physical and mental health; losing weight and increasing physical activity leading to a reduction in blood pressure and looking and feeling better, with enhanced self-esteem). Such 'quick wins' are important to emphasize in health education campaigns.

Explaining to patients, policymakers and funders that long-term treatment for hypertension will reduce the risk of stroke by a given percentage over the next ten years is a considerably greater challenge than explaining that antimicrobial or antiviral therapy will be effective in treating infection over a short period.

Attempts have been made to frame NCDs as a health security issue,[7,8] but this has not had the same level of resonance as has been the case for infectious diseases.

Principles of effective communication

To communicate effectively, language and terminology must resonate with the audience and be as simple, concise and concrete as possible. There is also only a finite capacity to take on board new information: today, individuals are subjected to more information in one day than people were in their entire life a few generations ago, hence the need to provide clear and easily digestible information in a convincing and attractive way. Humour can also play an important role. Many people will pay attention to an issue for just a few seconds, especially when the message was not solicited by the individual. To date, the NCD agenda has largely been led by professionals, where complexity is recognized and even celebrated. However effective public health communication requires that this model is inverted: messages must be simple, clear and unambiguous. Messages must be able to resonate immediately given the myriad of competing information individuals receive every day. Key principles for effective communication are accessibility, actionability, credibility, relevance, timeliness and understandability.[9]

Finger-wagging, paternalistic approaches that are negative or judgemental are unlikely to result in behaviour change (and may be counterproductive, particularly among youth), particularly when the environment is not conducive to changing behaviour. Consistent, positive, empowering messaging at the right time and in a sustained way is more likely to succeed in a supportive environment (e.g. a '5 a day' campaign encouraging people to eat five portions of fruit and vegetables a day is more likely to succeed where they are accessible and affordable, and local social media and influencers are promoting appealing ways of eating them). Educational campaigns to alert individuals to the risks of an unhealthy diet (which may be seen by the public as boring and negative) are unlikely to have a large impact if other media are providing (exciting and positive) messages on the undoubted instant pleasure that can be derived from the same unhealthy behaviour (e.g. consuming a sugar-sweetened beverage, or a cream cake). Messages should therefore emphasize opportunities for 'healthy' pleasure (e.g. 'more herbs, less salt') or encourage positive action (e.g. 'eat wise, drop a size', 'commit to be fit', 'walk the talk'). Again, these will be more effective where regulatory and other interventions are in place to reduce marketing on unhealthy alternatives.

Targeting the right audiences in the right way

There are a number of audiences when it comes to NCDs. The first group include: (i) people living with cardiovascular disease, diabetes, cancer and/or chronic respiratory disease; (ii) those with risk factors (or at high risk) of one or more of these conditions; and (iii) the rest of the (healthy) population. The second group includes community leaders, including social and other influencers. The third groups are health professionals. The fourth group includes policymakers across government and society, including development partners.

Identifying the key message for the targeted audience is critical as this determines the tools that will be used (e.g. social media, television, radio, newspapers, flyers, letters, petitions), the approaches (advertising and marketing, mail shots, detailed reports) and the content and tone of the message.

Many communication experts highlight the importance of having a single overarching communication outcome/objective (SOCO). Developing this requires an understanding of: (i) what the issue is; (iii) why focus on this issue – and why now; (iii) who needs to change behaviour (that is the target audience); (iv) what change is required, and (v) the benefits that will ensue. There is little point in trying to communicate public health messages if it is unclear why the issue is important to the audience, and why the audience should care, i.e. how the change will benefit them and/or those around them (e.g. the benefit of quitting tobacco for their unborn child, or quitting will make them more attractive; or implementing a policy change will enable a government official to meet his or her annual objectives and result in career progression).

It is also important to be aware of (and have plans for managing) different groups that can impact the outcomes being targeted (Table 50.1).

A communication strategy should aim to actively engage with champions and influencers, shift blockers to avoiders, shift avoiders to silent boosters and shift silent boosters to champions.

Mass media campaigns

These are widely used to expose high proportions of large populations to messages repeatedly, over time, at a low cost per head, through adequate media including television, radio, social media and print media. Exposure is generally passive, particularly with traditional media (newspapers, billboards, television). In contrast, social media allow more active participation of the targeted audience, and evaluation of the campaign can include levels of user engagement.

Educating the public about the harms of smoking/tobacco use and second-hand smoke, reducing salt intake across the population and increased physical activity, alongside other community-based education, motivational and environmental programmes aimed at supporting behavioural change, are all WHO best buys. Mass media campaigns on healthy diets, including social marketing to reduce the intake of total fat, saturated fats, sugars and salt, and

Table 50.1 Stakeholder or audience analysis for a single overarching communication outcome/objective (SOCO)

Blockers (active resisters): those with high energy levels and disagree with the SOCO.	**Champions** (active supporters): those with high energy levels that agree with the SOCO.
Avoiders (passive resisters): those with low energy levels and disagree with the SOCO.	**Silent boosters** (passive supporters): those with low energy levels that agree with the SOCO.

promoting the intake of vegetables and fruits is a recommended intervention. Further details on the impact of behaviour change from mass media campaigns targeting the prevention and treatment of NCDs are available elsewhere.[10]

Mass media campaigns can work by targetting the individual directly (e.g. to quit smoking or do more physical activity) or indirectly (e.g. individuals that have not seen the campaign can be influenced to change behaviour by those that have been exposed to the campaign).[10] Mass media campaigns (particularly those through social media) can also prompt public discussion of health issues that can collectively lead to changes in public policy (e.g. a campaign discouraging smoking because of its second-hand effects on non-smokers may increase public support for a new policy that restricts smoking in specific places).

The resources that the private sector has for large-scale, highly researched, intensive and sustained commercial marketing campaigns, largely exceed those available for public sector health campaigns. Where there is alignment between public health messages across private sector entities (e.g. sports goods industry and businesses specializing in healthy foods and drinks) and public health authorities, there may be opportunities to work together (Chapter 57).

The role of social media in the prevention and control of NCDs

Social media, mobile technologies and access to the internet have revolutionized communication, providing low-cost, powerful tools for communicating issues around NCD prevention and management.[11] Social media include social networking platforms, e.g. Facebook/Meta,[12] YouTube, Instagram, Twitter, LinkedIn, TikTok, which all have enormous global reach (each having over one billion users). Message and chat applications (including some of the above as well as WhatsApp, Snapchat, Telegram, Signal, WeChat, Skype, Viber) are viewed and used by billions of people daily. Together, these media are often seen/used by individuals for several hours each day. Social media therefore provides significant opportunities for health education and information sharing, and can provide social, peer or psychological support, encourage self-care and self-management, support public health campaigns, promote health professionals' capacity building, and endorse and support policymaking.[13,14]

Despite the opportunities described above, there remains limited evidence, so far, in terms of the impact of social media on NCD prevention and management. Furthermore, social media have a number of risks and challenges, including: (i) mix of high- and low-quality information (with users often unable to distinguish unreferenced, inadequate or misleading information, often focusing on and amplifying individual, sensational, overly emotional or controversial stories or indeed 'fake news', bad stories or misinformation, which can quickly become widely circulated and 'viral'); (ii) patient confidentiality and privacy; (iii) risks to professional reputation;[15] (iv) commercial interests (e.g. food and beverage marketing on social media and some 'influencers' or

users who promote unhealthy behaviours); (v) lack of monitoring and regulation; and (vi) equity of access, magnifying the digital divide.[13]

Monitoring and evaluation

Regular assessments of communication campaigns are important to determine how and to what extent strategies and activities are reaching the targeted audiences and what impact they are making. Examples of frameworks and guides are available, that assess the relationship between inputs, activities, outputs, outcomes and impact.[16,17] A challenge is that the impact of awareness on healthy behaviour campaigns targeting the population as the benefit of NCDs (or risk factors) is often distant in time and influenced by many other factors and process indicators are therefore often used, e.g. rapid telephone surveys to assess how many people have heard about the campaign and any action taken as a result.[18] A protocol for the systematic review of reviews evaluating the effectiveness of mass media interventions for the prevention and control of NCDs has recently been developed.[19]

Notes

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