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ESSAY

New Communicable Diseases: A Communication Challenge

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With the advent of modern communication technologies in recent decades, words and images, transmitted by mass media, are helping to shape habits and lifestyles that affect health. This essay argues that many of the lifestyle diseases are therefore communicable via information media. The AIDS pandemic has focused attention on the role of communication, both interpersonal and mediated, in educating the public on health. The time has come for health professionals and communication specialists to address four issues: recognition of these diseases as new communicable diseases, greater research on the specific effect mass media have on public health, the partner relationship between media and health professionals, and training in communication for health personnel. The future of public health, especially in the area of combating the growing lifestyle diseases, as we enter the 21st century, depends to some extent on what steps are taken now.

In May 1983, Tan Shri Chong, president of the 36th World Health Assembly, warned the international health community about a new channel of disease contagion: popular dissemination of images and words.

Speaking from the marble podium at the Palais des Nations, the assembly president said, "Lifestyles are no longer conditioned by climate and [traditional] culture. They are initiated as fast as communications speed information from one country to another" (Tan, 1983). Tan, who was also

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Malaysia's Minister of Health, was commenting on the growing effect modern mass media have on those illnesses that have their principal roots in life patterns.

The illnesses to which Tan referred are cancer, heart disease, alcohol and drug abuse, and various environmentally caused, stress-related and other psychosocial disorders. In his comment on the contemporary public health scene, Tan had, in effect, identified a new type of contagious disease. In addition to the bacteria/viral and vector-borne communicable diseases, lifestyle illnesses had become the new communicable diseases—transmitted through the information media. Such infections may take a little longer to take hold, but they are no less infectious and no less deadly than the others.

The breathtaking advances in communication technologies in the last three or four decades have brought about this development. Radio, audiotape, television, transistor, videotape, and satellite have not only vastly increased the flow of images and information but have also fundamentally changed the configuration of information dissemination and the pattern of knowledge diffusion and learning. In the years to come, the combined effects of the computer chip, fiber optics, and space technology promise to augment the flow in ways that no one can foretell.

Such increase of information flow has, of course, helped spread useful health information to an ever larger number of people and has thus improved prospects for good health. But, as Tan's comments imply, the same channels of information have also helped to disseminate words and images harmful to health. The aggressive marketing of some products and the glamorization of certain habits, wittingly or unwittingly, have done injury to public health.

Now, more than 6 years after Tan's statement to the World Health Assembly, AIDS must be added to the expanding list of lifestyle illnesses. Although the illusive HIV virus is the villain, the transmission of AIDS is largely a matter of lifestyle.

The certain death of AIDS sufferers and the uncertain future of a possible vaccine have galvanized public interest. Education of the public, the only effective measure against the AIDS pandemic, has become the new watchword of health and medical professionals. The general public has been flooded with written and audiovisual health communication materials. School authorities at different levels have taken up the subject of AIDS education, with the attendant debate on what and how much young children should learn about one of the principal venues of transmission: sexual practices.

The mass media have done a generally positive job of making known the dangers of the HIV virus by following the AIDS story with diligence. Reporters investigated the origin of AIDS with the skills and persistence of Sherlock Holmes. Real and imagined steps in the difficult and long process of developing a vaccine have been given front-page treatment by the news media.

In the United States, the controversy over public service television spots on the use of condoms as an AIDS preventive measure troubled even top broadcast executives, who were thought to be concerned mostly with the bottom line of profitability. The Roman Catholic church, which has stood fast against family planning by artificial methods, has witnessed a break among its ranks on the condom issue. It would be ironic, indeed, should AIDS come to the aid of the wavering American Catholics, willy-nilly, untying the pontifical knot. The advocates of family planning may yet reap an unexpected harvest.

The complicated moral, social, and medical problems of AIDS, which have descended on the unsuspecting world with a bang, have brought about a crisis for those concerned with the tasks of educating the public about health issues and the role of communication in this educational process.

An often-quoted Chinese expression for crisis, composed of two ideograms—*Wei*, meaning danger, and *Ji*, opportunity—aptly describes the AIDS situation. Danger there certainly is, for all to see and fear. The care of AIDS patients threatens to overwhelm health care systems in many urban centers, as AIDS cases increase at an alarming rate among intravenous drug users. The cost of minimal humane care for persons with AIDS casts a dark shadow over the future of health budgets for those states straining under the growing expense. In fact, for some, the fear of AIDS has turned to panic and irrationality, bordering on bigotry. As for opportunity, time has come for health professionals and communication specialists to come to grips with several issues: the communicable aspects of some lifestyle illnesses, research on the specific effect the mass media have on public health, the relation between health and media, and communication training for health professionals.

RECOGNITION OF THE ROLE OF THE MEDIA AS AGENTS OF CONTAGION FOR THE SO-CALLED NONCOMMUNICABLE LIFESTYLE DISEASES

The World Health Organization (WHO), as "the international directing and coordinating authority on health," according to its constitution, has, in my view, responsibility for this. It should recognize the new configuration of causation that modern communication has ushered in, perhaps the most important factor in the etiologic web for a growing number of lifestyle illnesses. The WHO's highest governing body, the World Health Assembly, heard the warning issued by Tan in 1983. It is none too soon for the WHO to heed its former titular head. The international health community should face up to this insidious agent of contagion: communication of images and information.

The WHO's nomenclature is often accepted by national health authorities.

A change in the definition of traditional noncommunicable diseases and the adoption of a new term, *new communicable diseases*, would help focus attention on the communicable aspects of lifestyle illnesses. Also, it would stimulate new thinking and encourage new approaches to the problems.

Many diseases are transmitted by vectors—for example, malaria by anopheline mosquitos and schistosomiasis by snails. No public health campaigns against these major scourges could have been conducted without entomologists studying and monitoring the behavior of the vectors. In dealing with lifestyle illnesses, can health professionals afford not to call on communication specialists to provide some understanding on how information and images, through the modern media, affect health behavior?

Communication scholars, on their part, should take up this challenge by working with the health sector, especially health educators and promoters, on a more systematic basis in finding out more about the relation between media and public health as it relates to specific lifestyle diseases. This leads to the second issue.

MORE RESEARCH AND STUDIES OF SPECIFIC MEDIA EFFECTS ON HEALTH-RELATED SOCIAL NORMS AND ON THE COMMUNICATION CONTINUUM, RANGING FROM POLICY ADVOCACY TO INDIVIDUAL BEHAVIORAL CHANGE

The current AIDS-generated interest in public health education should provide the opportunity for scholars to examine the broader area of life patterns affecting health. What are the patterns of health information flow and learning? How do unhealthy practices come about? How does a given youth trend get started? What are the processes that give birth to social norms? How does one behavior get diffused from one region to another? What should the health sector know before it takes action to counter unhealthy behavior? What are the limits of educational intervention without infringing on the sovereign right to choose, even to choose unwisely? These are broad questions that require research, study, and thought on a multidisciplinary basis.

Communication scholars, however, should focus on the specific roles of mass media in public health. They might concern themselves with questions such as: Should journalists be health advocates? How far should the mass media carry their social responsibility in health? What is the media's educational role in health? How far should entertainment programs in the broadcast media be held accountable for their effect on public health?

Although few people need to be convinced of the breadth or power of the effects that mass media have on society in general, relatively little is known about the depth or power of these effects on health. Surprisingly few specific studies have been undertaken on the effects the media have on long-

held health practices. Much more comprehensive research should be undertaken to trace the specific influence of the media in establishing a particular health behavior. Longitudinal and/or linear studies that trace media input through interpersonal follow-up and community involvement, such as the Stanford Three-Community Study (see, e.g., Farquhar et al., 1977; Maccoby et al., 1977), are invaluable, but more research efforts are needed to find out more about the role of the media in shaping social norms that affect health.

Some believe that too many variables and determinants in health behavior prevent any scientific measurement of any one input. They point out that human beings are not as simple as test tubes. Others argue that, if the media could not deliver, industries would not continue to pour billions of dollars into media campaign to sell their products.

Even skeptics agree, however, that the influence of modern media on health is undeniable. There is little doubt about the importance of mass media in setting the public agenda and creating awareness, but many feel that peer pressure through interpersonal communication constitutes a more important influence, especially on the health behavior of youths. But we need to know more about the influence of mass media on the psychology of this peer group because peer-group members are also exposed individually to information and images from mass media.

In the context of a communication continuum, mass media's contributions to improving health behavior range from advocacy and mobilizing societal forces to disseminating information to the community and involving individuals in action. The media clearly play a pivotal role in advocacy and at least a vital supporting role in individual action. That accepted, the next logical issue is the relation between the health and media sectors.

GENUINE PARTNERSHIP BETWEEN HEALTH AND MEDIA FOR RESPONSIBLE PUBLIC EDUCATION ON HEALTH ISSUES AND A HEALTHY PATTERN OF LIFE

Traditionally, health professionals tend to go to the media for help and support, usually when there is a crisis. The media are to be "used" for health.

In fact, the media do take their social responsibility seriously and have responded to social (including health) issues. The health concerns of readers, listeners, and viewers are indeed concerns of print and broadcast journalists. The basis of the relationship should therefore be one of partnership, not one of user-helper.

By tradition, scientists in general have been skeptical of any effort at popularizing and simplifying their work. Many of them even view the media with ambivalence and suspicion. Journalists, on the other hand, need their source

material in simple language, understandable to the lay public; they have no time to dwell on technical details and often get lost in lengthy scientific papers.

Yet media and health, in a close partnership, have much more to contribute synergistically to the public's welfare. Without the involvement of the media, the health sector cannot hope to inform the public on health issues or to help stimulate community action and involvement. Without the technical input of the health sector, the media cannot fulfill their obligation to serve the health interest of the public.

In fostering the partnership, the health sector should make deliberate and systematic efforts to orient, acquaint, and update media professionals—reporters, program directors, script writers, and so on—on health issues and current development. By the same token, it would be necessary for those in public health to acquire an understanding of the media. The complexity of the media—how they set their agendas, what their technical and time constraints are—is hardly appreciated by health professionals. A genuine and workable partnership requires empathy on both sides.

The research-based Harvard Alcohol Project (HAP; Winsten, 1988–1989) is a good example of such a partnership. The demonstration project aims at reducing alcohol-related traffic accidents by changing social norms about driving after drinking. Not only did the television networks broadcast public service spots about alcohol and driving 20 times per week during the 1988 year-end period, but also they did so during prime time. HAP also worked with writers and producers of entertainment shows; at least 15 of them have woven dialogues into scripts for one or more episodes about alcohol and driving. Anti-drunk-driving posters have been used in bar and restaurant scenes in many programs.

In developing countries, ironically, the task of forming a health-media partnership is easier because mass media, especially radio and television, operate under some kind of government sponsorship. In Columbia, Egypt, Turkey, and Mexico, for example, initiatives supported by the United Nations International Children's Emergency Fund (UNICEF) and the U.S. Agency for International Development (USAID) have produced some encouraging collaborations between the health community and the media for immunization campaigns, popularizing oral rehydration against unnecessary diarrhea-related deaths, and family planning programs.

INCLUSION OF COMMUNICATION TRAINING FOR HEALTH CARE PROFESSIONALS

The issue of communication between health care providers and patients has received considerable attention in recent years. Many schools of nursing and public health have included some training in interpersonal communication. Unfortunately, such training has not received as much attention in

The School of Public Health and Hygiene at the Johns Hopkins University has recently established the Center for Health Communication Programs. Several communication courses are being introduced by the center, which has also done much in combining education with entertainment in population communication projects in the developing countries. The School of Public Health and Tropical Medicine at Tulane University has changed its degree program to health communication and education, reflecting an expanded view of health education. Other schools have added a general health communication course to the curriculum. These developments will undoubtedly spread not only to the training of health educators/promoters and other public health personnel, but, it is hoped, to the training of all medical professionals as well.

It is clear that more effective ways of checking lifestyle illnesses must be found. These new communicable diseases are major killers, exacting a heavy toll; cancer alone is expected to kill 502,000 Americans in 1989. In many developing countries, where malnutrition, malaria, tuberculosis, and other infectious diseases are still prevalent, the spread of the new communicable illnesses could doom what chances the people have in breaking out of their cycle of ill health and poverty. No country can withstand such a double whammy.

Will the new communicable diseases overwhelm us in the 21st century? Will media specialists and health professionals be equipped to play their rightful, complementary roles in combating these new communicable diseases? Will they be adequately prepared for the communication challenge to protect and promote health for the public? The answers, to a large extent, will be determined by the actions taken by the health and communication sectors on these issues in the next few years.

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Dr. Ling served as the Director of Information and Education for the World Health Organization for 4 years and as the Director of Information and Communication for UNICEF for 10 years.

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