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"The impact of personalized social communication on the effectiveness of health education"

Abstract

Background: Social communication plays an important role in shaping healthy choices and health literacy skills in the field of public health. The main aim of this study was to assess the impact of personalized social communication on the effectiveness of public health education.

Material and methods: The study consisted of two parts: (1) a cross-sectional study, and (2) a retrospective analysis of selected health-related educational programs, which were implemented by the Polish Ministry of Health between the years of 2018 and 2020. The cross-sectional study was conducted in August of 2020 on a randomly selected, nationwide, representative sample consisting of 1019 adults. The study was conducted using the CAPI method. The research tool used was an original questionnaire containing 25 closed questions on various aspects of social communication. The public procurement notices, which were published on the website of the Ministry of Health between the years of 2018 and 2020 were subjected to a retrospective analysis. From that, 53 public contracts above EUR 30,000 were identified. Moreover, 80 public procurement contracts, which are not subject to the provisions of the Public Procurement Law were identified. Due to the topic being related to health education, 4 items were added to the final analysis (2 orders above EUR 30,000 and 2 orders below EUR 30,000). Provisions used in the process of defining the target group of ordered services or supplies were analyzed along with forms of communication and communication models.

Results: The study group consisted of 1019 subjects that were deemed as corresponding to the Polish population in terms of sex, age, location, and size of the resided place. Less than half of the respondents (46.5%) declared that they had searched (even once) for information on topics related to health or medicine. The majority of respondents (60.4%) declared that they have searched for information on topics related to health or medicine for themselves, and over every fourth respondent (27.6%) declared that they have looked for health-related information for a loved one. The vast majority of respondents (48.5%) stated that their

primary source in searching for information on topics related to health or medicine is the Internet. Women use online sources more often than men (50.3% vs 45.0%; p=0.3). The second most frequently used source of information on health turned out to be a healthcare professional (24.7%). Physicians turned out to be the most trusted source of information on health (81.4%). Among respondents, 5.9% declared a very high level of trust in health-related information found on the Internet, while 39.7% declared a moderate trust for such information. Among the respondents, 22.8% did not believe in health information found on the Internet at all. The sources from which the participants gathered health-related information differed significantly depending on gender, age, and level of education. The retrospective analysis results showed that the contracting authority did not require the contractor to provide evidence of the proposed message's content fitting the needs of the target group in any of the 4 analyzed tendering procedures for activities in the field of health education. The target groups were described by the contracting authority in terms of gender and age. However, the age ranges were defined very broadly, ex. 25-69 years, which in turn complicated the message-creation process, as the message should be based on personalized communication and values defining a given target group.

Conclusions: When designing social communication, it should be taken into account that the Internet is currently the most popular source of health related knowledge, especially during the SARS-CoV-2 coronavirus epidemic. The model of social communication as part of health education should take into account personalizing the message, segmentation of the media market and communication channels, as well as diversification of the message's content according to gender, age, and place of residence.

Keywords: social communication, public health, health education, prevention, health promotion