

Communication in health: a new time

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Abstract

The interface between the fields of health and communication brings together a wide diversity of topics, perspectives and articulations between academic production (scientific content) and its dissemination to the public (health journalism). The development and convergence of communication technologies, the progressive mediatization of society and institutions, the new generation of readers and their ways of consuming health content are some of the examples of the various issues addressed in health communication. The aim of this article is to reflect on the relationship between media and health and its current importance in the production and dissemination of contents, in light of the new information and communication technologies, producing efficient and credible information, directed to different audiences.

Keywords: health; nutrition; communication; information; communication and health.

Practical Application: Health communication refers to the study and use of communication strategies to inform and influence the decisions of individuals and communities to promote their health. This definition is broad enough to encompass all areas in which communication is relevant in health. Health communication processes are very important in health professionals / health consumer's interaction. In this paper, the authors identify the relation between the technologies and communication in health and some strategies to development of health professional's skills communication.

1 Background

Communication is at the heart of who we are as human beings. It is our way of exchanging information; it also signifies our symbolic capability. These two functions reflect what Carey (1989) characterized as the *transmission* and *ritual* views of

communication, respectively. Communication serves an instrumental role (e.g. it helps one acquire knowledge) but it also fulfils a ritualistic function, one that reflects humans as members of a social community. Thus, communication can be

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defined as the symbolic exchange of shared meaning, and all communicative acts have both a transmission and a ritualistic component (Carey, 1989; Parrott, 2004; Rimal & Lapinski, 2009).

According to Parrott (2004) health communication is growing. It is a new area of knowledge, with its own structure and created in the space of interest between two different fields: communication and health.

It is much more than a mere synergy between these two isolated areas, each with its principles and knowledge. It seeks to reflect on the scope and limits of each of the fields from what is demanded theoretically and, mainly, by the informational and communicational practice that operates in the public health policies, in the social daily life of the subject (relation patient \times health professional \times public institutions), in public participation and public control, in media practices (radio, TV, marketing, advertising, newspapers, magazines, internet, and others), in scientific research or in research of informational universes of the population (perception and imaginary) and institutional health universe (institutional practice), taking into account the context of the rapid technological convergence that surrounds both fields (Araújo, 2009).

Health communication is seen to have a relevance for virtually every aspect of health and well-being, including disease prevention, health promotion and quality of life (Rimal & Lapinski, 2009).

In light of this, it is important to discuss the relationship between media and health in order to develop ethic and credible content, aimed to different audiences, using accessible language, without losing information's quality and contribute to health promotion.

2 Media & health

Communication is increasingly understood as an enabler of individual and social level change to achieve established developmental goals including health (Suresh, 2011).

There is a growing interest in media for health issues, including nutrition and food. This can be seen by observing the main journalistic products: a great profusion of magazine covers and newspaper headlines, TV programs and news programs (Goldberg, 1992; Lerner, 2014). These address contents related to their causes and consequences, treatments, recent research, new medicines, influence of food as a protective or risk factor, aesthetic issues, among other topics (Ferreira, 2016). Most of the time, a health professional participates, which is a kind of hybrid figure, half journalist, half specialist, who is inserted in this field as another way of exercising influence, as pointed out by Carvalho (2008).

Vaz & Cardoso (2011) reinforce the concepts of Giddens (1991) when declaring that media is an expert system in health care, since it appeals to specialized voices in the area to legitimize and reinforce the construction of a robust imaginary on the subject.

Therefore, interlaced health and media are the main sources of social imaginary in relation to the many issues that affect the population or interfere more and more in everyday life.

The distinction between these two fields is the discourse used. In health, the discourse of specialists predominates, with a scientific basis. While the media, aiming the universal and non-specialized public, uses information based on scientific discourses, which are then decoded in a particular way that does not always coincide with the original principles (Rodrigues, 1997; Oliveira, 2013).

Transforming one discourse into another (scientific into "popular") makes the communication process more comprehensible and easily accessible, which enables a growth in audience, guiding and ordering their narrative around what they consider to be the contemporary imaginary on the subject, highlighting risk factors for diseases and health promotion. This process aggregates, subtracts and aestheticizes information from the original discourse of the sources, giving them new connotations or new meanings, an inherent effect of any form of communicational translation (Rodrigues, 1997; Oliveira, 2013).

In addition to that, it is observed that media appropriates the concept of health to communicate, interpreting it in several dimensions: (i) as a commodity: health becomes commercial, where it is possible to buy beauty products, sports, food, medicine and health services; (ii) as a cure: it relies on the duality of common sense (sickness/health, elderly/youth, pain/pleasure); (iii) as technology: health science (Castiel & Vasconcellos-Silva, 2006). In this direction, Oliveira (2013) considers that media, through journalistic narratives, indicates the conditions to lead a healthy life, relating it to individual responsibility and personal life styles, and for this, people are advised about the importance of practicing exercises, maintaining a healthy and balanced diet, among other factors.

3 New technologies and communication in health

The process of globalization, combined with technological innovations, changes and resizes media, and interferes in relations and practices of communicating (Sodré, 2002; Fausto, 2008; Martin-Barbero, 2009). Democratization movements and the advent of the internet have changed the environment around any program communication from top-down, expert-to-consumer (vertical) communication towards non-hierarchical, dialogue-based (horizontal) communication, through which the public increasingly questions recommendations of experts and public institutions on the basis of their own, often web based, research (Abrams et al., 1999; Suresh, 2011).

Due to this process, the creation of an interpenetration zone is observed, where there are no clear distinctions between who produces and who receives the messages. Communication is a dynamic process of sense-building. Each speech, statement or discourse integrates a network of meanings, which are part of the conditions of production (Suggs, 2006).

Traditional social media, such as TV, radio and print media, are in times of change, whether in production, editing or writing (Sgorla, 2009). Facing these transformations and new forms of interaction between media and social actors, there is a new way of producing, circulating and consuming messages. This new way of producing, circulating and receiving messages puts in evidence the power exercised by newsrooms in the construction

of news. The advent of technologies in line with mediatization makes it possible for sectors not centered in newsrooms to produce journalistic reports and to have the activism of the word and opinion (Fortuna et al., 2012; Oliveira, 2015). In practical terms, this means that mediatization affects traditional media.

Regarding health, for example, Lerner (2014) cites the issue concerning the ritual of constitution of the healthy individual in the patient, where the interaction does not only exist with the health professional, but also with a broad circuit that precedes and permeates the relation. Until the arrival to the specialist, the patient has already consulted informative texts of different natures (lay, scientific or journalistic information), through different media (print, virtual or television), by family, friends, TV advertisements, drug advertisements, and more. This affects not only the self-consciousness of the individual, but also the relationship established with the health professional, because when he arrives in the office he is empathized and reclassified by other discursive instances. Faced with this new organization of power, physicians, in turn, must deal with this logic, reconfiguring their self-image and acting, learning to deal with the media representations about their practice and value.

This dynamic intensifies with the new information and communication technologies. The community has instant access to information, in an excessive way. As Araújo (2009) points out, there is a need for search of information in an agile way, without wasting time. Castells (2003) reinforces this premise. There is an excess of information and the ever-increasing need to update knowledge. For the author, the internet age is now being consumed by the population as a search engine for health information. This does not mean that its informational content is of quality. Much information is available in different media, and the population continues to be somewhat misinformed and targeted. Thus, technological innovations may be considered as problematic in the field of health, since they generate answers many times at a superficial level of circulation and appropriation.

Castiel & Vasconcellos-Silva (2006), corroborating with Castells (2003), reported on "Precariousness of Excess" on these issues, in which they highlight that significant transformations in computing and information technologies in health are observed and inquire about their possible influences on health. They point out that there is a new definition of roles, first of the emitter and second of the receiver of the information, with an extended flexibility and possibilities of spaces that these may occupy. Regarding the emitter, a great variety of quality information with the most diverse formats and origins, professional pages, health portals, care services are available. On the other hand, the receiver has users, consumers and patients. Both point to the need to dimension the reliability of information.

Therefore, media is configured as a powerful discursive practice, capable of producing meanings, with unfolding in social construction, of a collective and interactive character, where people, in their social relations, build what is allowed to them in order to understand and deal with situations and phenomena of everyday life.

4 Current times: how to communicate in health?

Scientific and journalistic fields are still present as a conflict zone, unfolding in some obstacles such as: (i) the relation between researcher and journalists; (ii) the substance content of the science and health matters; (iii) the lack of time to work on the material; (iv) the sensationalism of the press; (V) the (un)preparation of journalists to interpret scientific articles and statistical data on health (Ferreira, 2016).

Fewer and fewer media outlets have health editorials (Teixeira, 2012). The number of specialized scientific journalists is still small, and the class recognizes that it is poorly trained to disseminate scientific data without risking the credibility of the information.

Methodological rigor and presentation of results, so meticulous in the scientific research in health, are confronted with a limited space (and time) in printed journalism, which may contribute to the elaboration of more superficial and sensational news, or even contain errors of analysis of statistical data and little understanding in epidemiological studies.

All these factors can cause miscommunications, making it difficult to understand and correctly target the information that is desired.

Communicating about health requires the journalist to decode the vocabularies, concepts and technical discourses of different professionals. It is up to him to ascertain the relevance of the information, contextualizing it in a way its transmission to the public is credible and attractive.

In order to make effective communication we must have clarity and certainty of what we want to communicate. These are two basic premises for disseminating information in different media.

Good scientific basis and good specialized sources are essential for the credibility of what is produced. It also adds the emotion factor to tell stories in an interesting, intelligent and effective way. Communication in health should be attractive, rise the interest of the population, and be able to generate changes in behavior and lifestyle.

5 Conclusion

The importance of the media in population's health issues should not be underestimated as it is a major source of information. More than quantity of contents on health, it is essential to produce materials that contribute in the proposal of strategies for a better communication and, consequently, health promotion of the population. Communication in health still has a number of challenges that cover several dimensions from their fields of knowledge, as well as from the new information technologies that modify the communicational process. In order to produce health content with ethics, credibility and responsibility, it is up to scientists to fulfill these spaces as a legitimator of health discourses, and for journalists to work with accurate information that produces the desired effects for the expected benefits to the population.

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