BROADCASTING BETTER HEALTH:
HEALTH PROMOTION AND COMMUNICATION STRATEGIES AT A NONPARTISAN INSTITUTION

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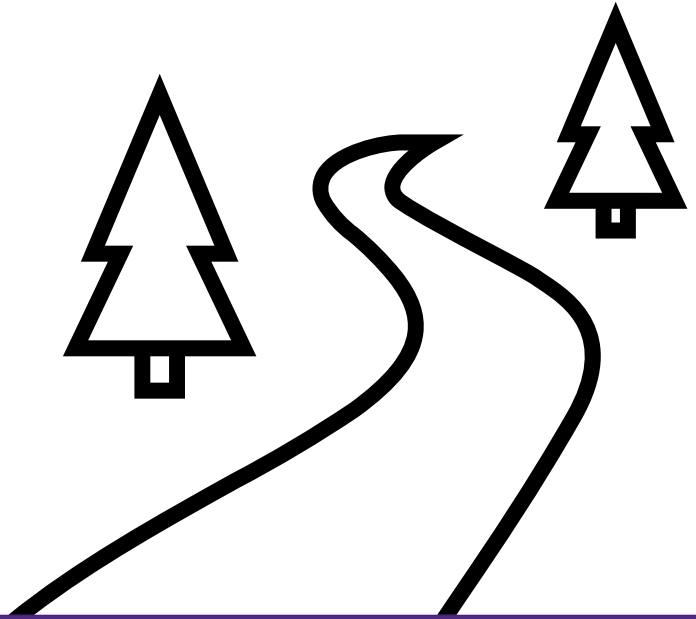
Roadmap for Today!



- Part 1: Why is this important?
  - Background Information
- Part 2: How was it done?
  - Experience at KHI
- Part 3: What did I learn?
  - Discussion

How do we get information to practitioners or even a general audience?

Part 1: Why is this important?

Health Promotion (HP)

- "…the process of enabling people to increase control over, and to improve their health" (Nutbeam & Muscat, 2021, p. 1580)
  - Individual skill, knowledge, agency
  - Social Determinants e.g., social, environmental, economic, etc.

- Physical Activity (PA) is a great example!
  - Ind. factors e.g., self-efficacy, knowledge, expectations
  - Env. factors e.g., resource access, cost, social support

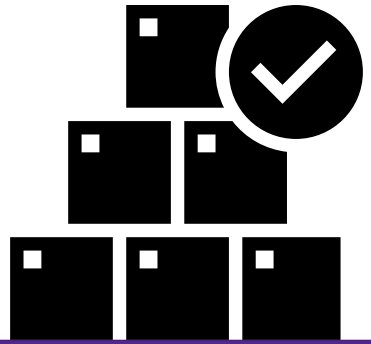
PA + Public Health

- Physical inactivity leads to
  - Higher rates of obesity, cardiovascular disease, mortality (Posadzki et al., 2020)
  - Greater healthcare costs (WHO, 2024)
  - Worse mental health (Mahindru et al., 2023)
- Disparities tied to PA have increased, esp. after COVID (Sher & Wu, 2021)
- 30.4% of adults in US; 26.8% in Kansas reach PA guidelines (United Health Foundation, 2024)
- Underserved less likely to be sufficiently active (Bantham et al., 2021)
  - Likely to have external factors, so tailor the approach

Messaging around PA

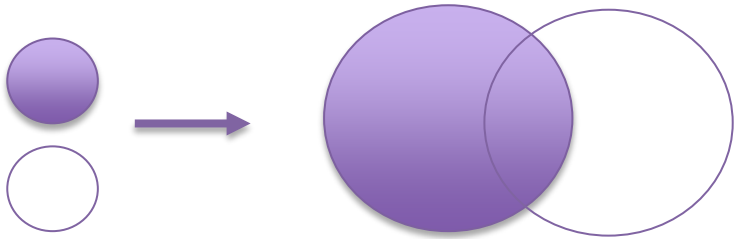
- Minorities don't get tailored messaging, and when received, it is misinterpreted (Gafari et al., 2024)
  - Perceived as blaming
  - Tailor to specific population + highlight positive short term impacts (Williamson et al., 2020)

- Now there is a PA messaging framework (Williamson et al., 2021)
  - Who, when, what, how, why
  - Message content
  - Message format/delivery



Health Communication

- Individual interactions (Schiavo, 2013)
  - Patient-clinician (Lupton, 1994; Irwin, 1989)
- Organizational (Public Health Communications Collaborative, 2023)
  - Use plain language
  - Strategic health communication plan
- No guiding paradigm (Hannawa et al., 2015)
  - Silos
    - Medical/health
    - Communications

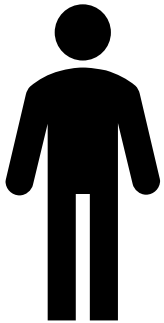


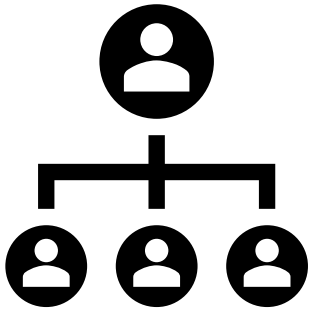
Become a Venn Diagram!

- Literacy rate: 1 in 5 U.S. adults are illiterate (National Literacy Institute, 2024)
- Recommended reading level: 6th grade (National Literacy Institute, 2024)
  - 54% of adults have literacy below that level (National Center for Education Statistics, 2019)

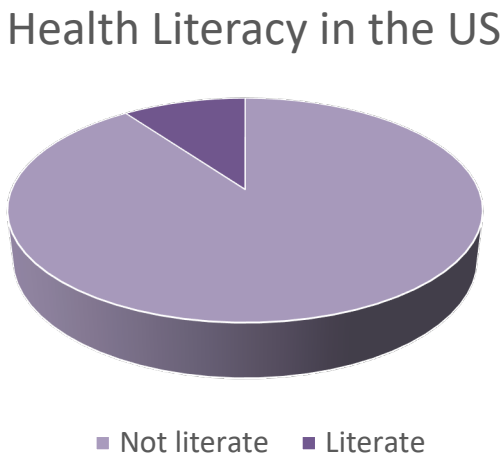
Health Literacy

- Health literacy (Santana et al., 2021)
  - Individual vs Organizational
  - Growing challenge in US (CDC, 2024a; CDC, 2024b; Healthy People 2030, 2020)





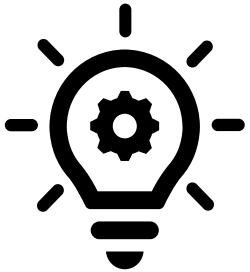
- 9 out of 10 adults struggle with health literacy in the US (NNLM, 2024)
  - National Assessment of Adult Literacy (NAAL) in the United States (Rikard et al., 2016)



Health Literacy & Health Outcomes

- 130 million US adults lack literacy proficiency (Rothwell, 2020)
  - Proficiency means literate
  - Below can be not literate, or illiterate, which falls under not literate

- Low health literacy related to poorer overall health status (Berkman et al., 2011)
  - Ex: More likely to have depression, higher all-cause mortality, increased hospitalization
  - Less use of services as well, especially preventative

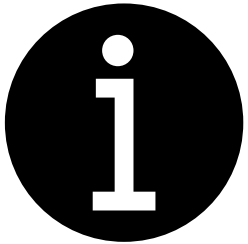


Innovation Practice

- Innovation is needed (National Prevention Information Network [NPIN], 2024)
  - Focus on audience + literacy
  - Tailor messaging so it can be understood

- Micro learning used in medical education (Manning et al., 2021)
  - Why not use this in health information to the public?

- Community credibility *must* be considered (ASTHO, 2024)
  - Mistrust is rampant, so bring in third-party organizations



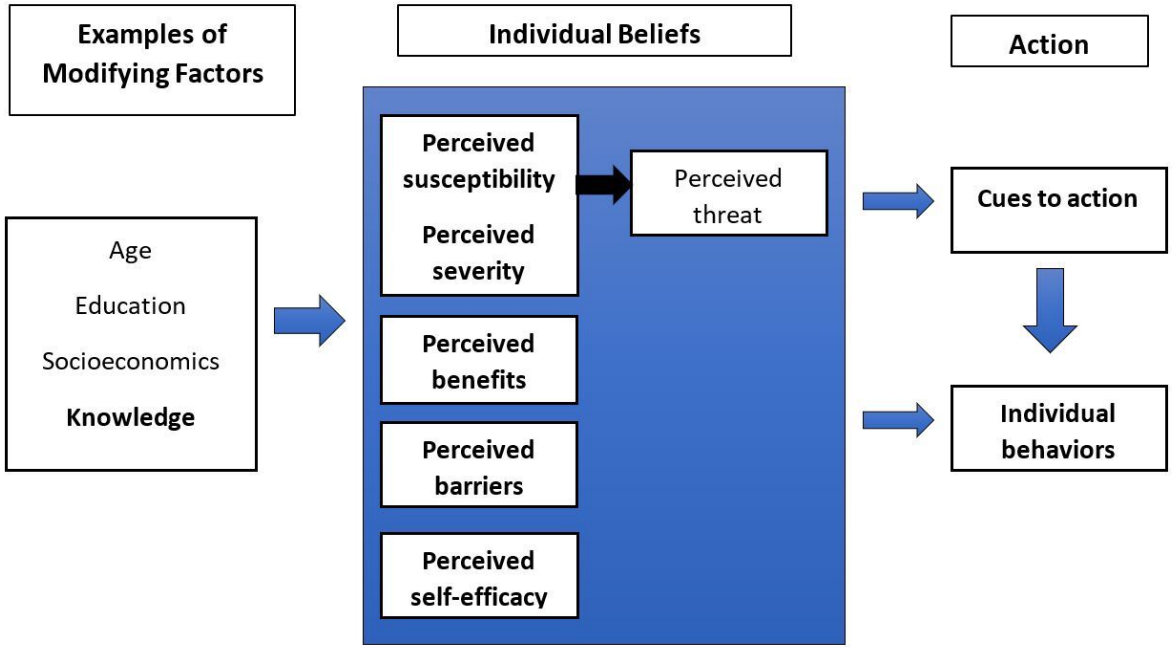
Health Belief Model (Becker, 1974; Rosenstock, 1974)

What to think on

- Perceptions
- Individual Knowledge/Education/Etc.
- Cues to Action

- All impacting individual behaviors

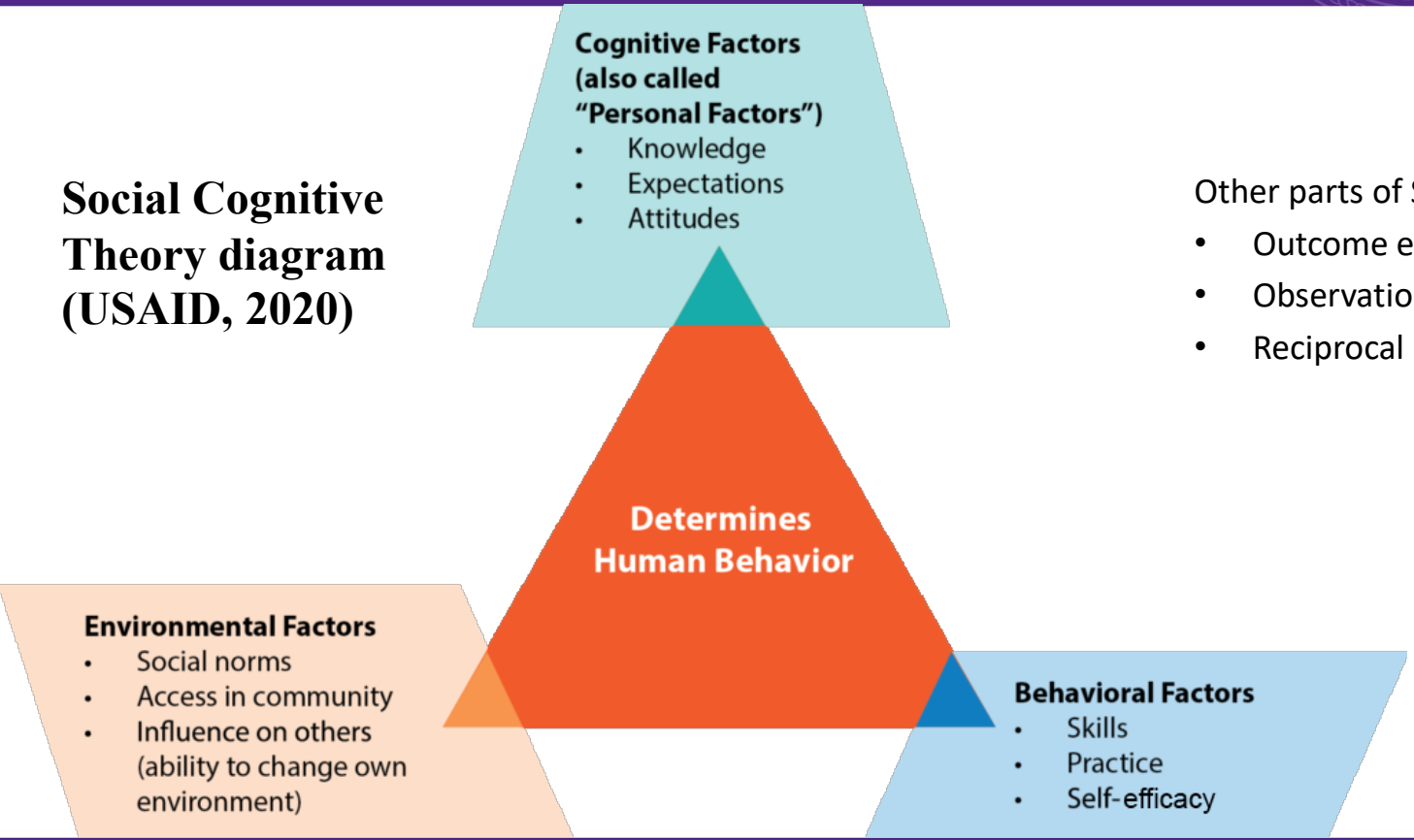
- WHO are the individuals?



Health Belief Model diagram (Nelson et al., 2021)

Social Cognitive Theory (SCT) (Bandura, 1986)

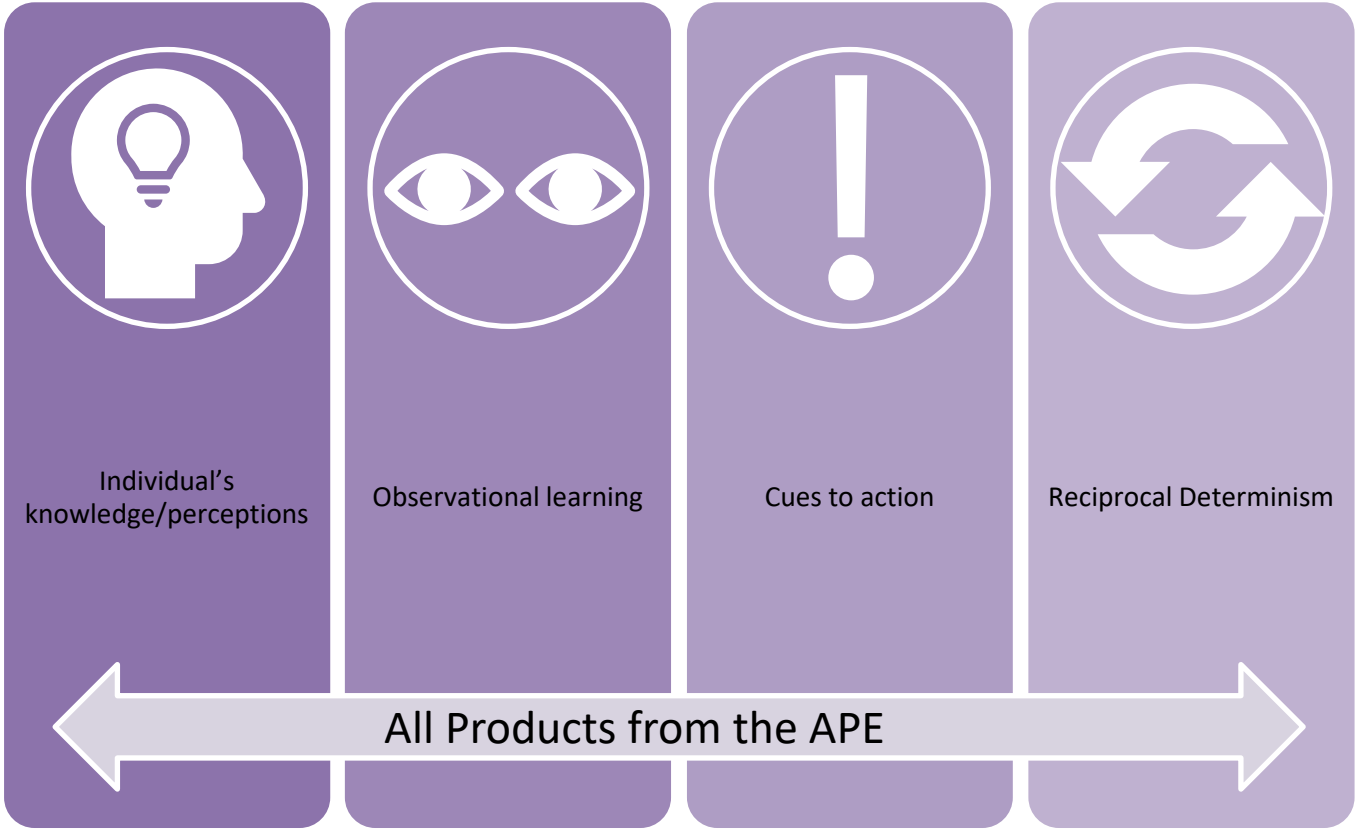
Social Cognitive Theory diagram (USAID, 2020)



Other parts of SCT

- Outcome expectations
- Observational learning
- Reciprocal Determinism

How do these tie to the products?



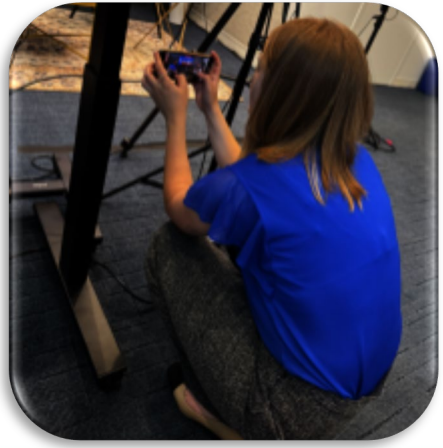
How do we get information to practitioners or even a general audience, *and have them understand*?

Focus on the audience from the start

Part 2: How was it done?

Kansas Health Institute (KHI)

KANSAS HEALTH INSTITUTE
Informing Policy. Improving Health
khi.org

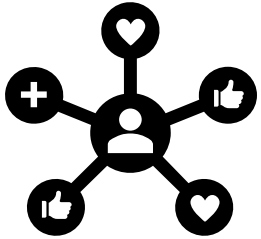


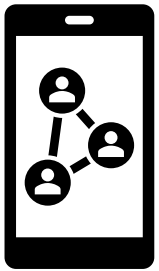
Health on the Plains (HotP) Podcast

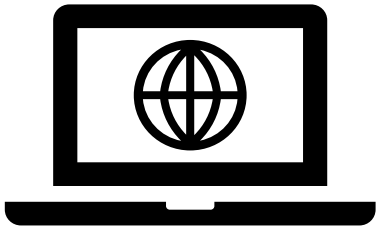
- Rural Health Podcast
- Episode 11: Rural Realities and What They Mean for Health with Dr. Robert Moser (part 1)
- Episode 12: Rural Doesn't Mean Simple, with Dr. Robert Moser (part 2)

Quantitative + Qualitative Data Collection/Analysis

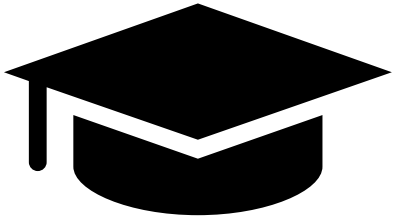
Analytics







Interviews



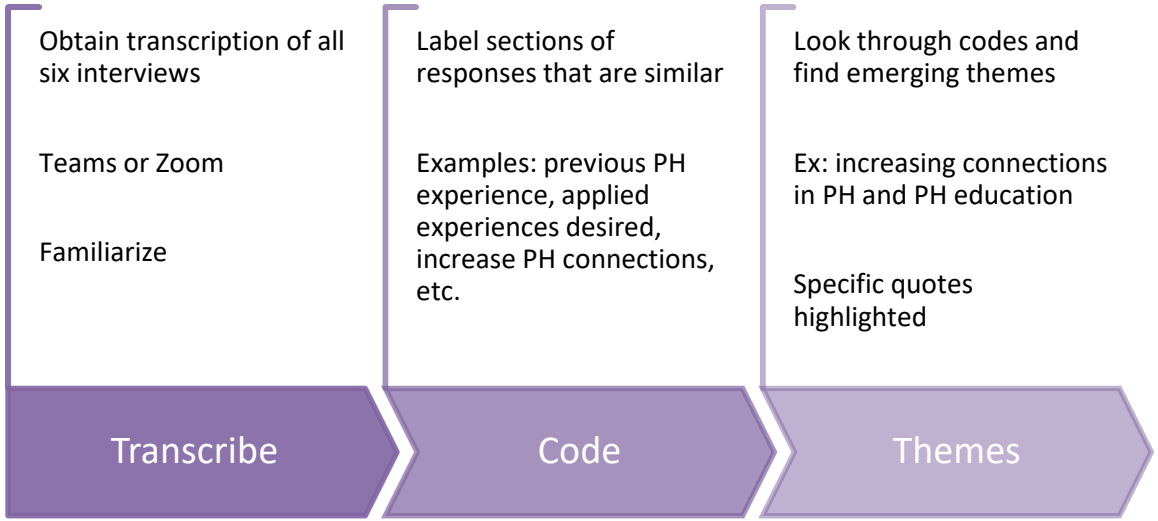
HotP Analytics + Interpretation

- Podcast/blog interdisciplinary workgroup
- Podcast analytics of previous episodes
- Audience reach, preferences, etc.
- Current events impact

#	Title	Download	YouTube Views
1	Exploring Rural Identity with Matt Perrier	143	251
2	Thriving in Rural Kansas with Lisse Regehr	96	209
3	Building Partnerships for Better Health with Dan Duling	73	95
4	The Prairie Band Potawatomi Nation's Health Priorities with Tribal Council Chairman Zeke Rupnick	74	129
5	Setting the PACE for Aging in Rural Kansas with Emilie Rains	115	149
6	Looking Back and to the Road Ahead	56	52
7	Learning from the unique blend of cultures in southwest Kansas, with Clarissa Carrillo Martinez	85	130
8	Sustaining Rural Culture with the Kansas Sampler Foundation	108	139
9	Getting Grants and Getting Things Done	75	93
10	Helping People Help Other People: The Role of a Rural Hospital Leader with Benjamin Anderson	125	192
11	Rural Realities and What They Mean for Health, with Dr. Robert Moser (part 1)	111	121
12	Rural Doesn't Mean Simple, with Dr. Robert Moser (part 2)	74	59
13	Being a Catalyst for Health - Investing in Hopes and Dreams, with the Sunflower Foundation	85	130

Interviews + Analysis

- Current or recent graduates across KS MPH programs
- KHI blog post publishing mid-2025
- Grounded theory approach (Chapman et al., 2015)
  - Inductive (Charmaz, 2015)

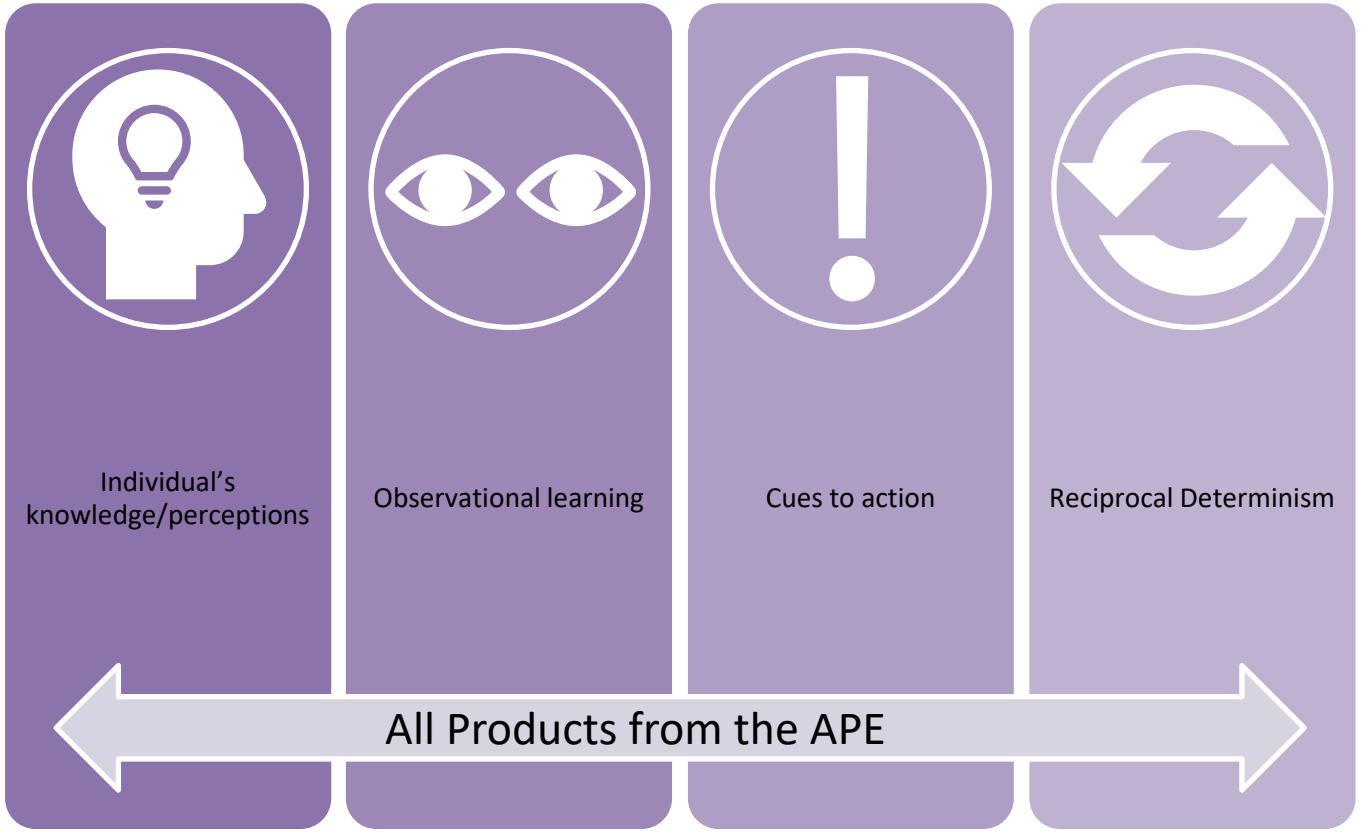


Closed Captioning (CC)/Transcription Guide

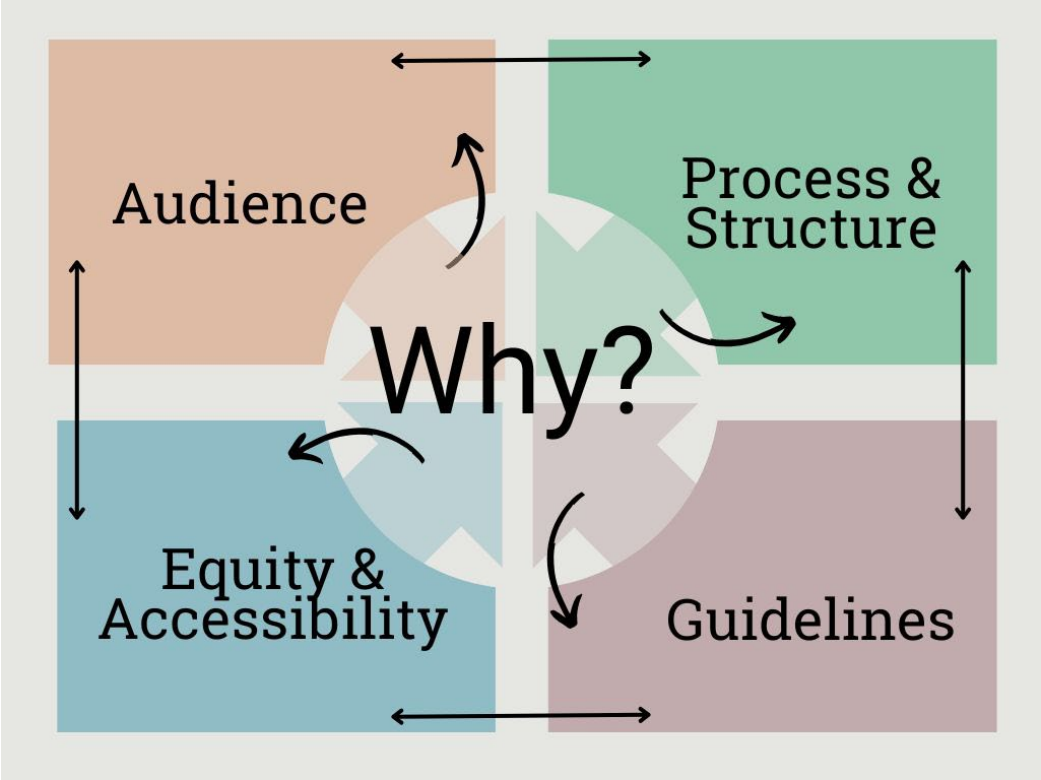
- Develop resource guide for KHI staff
- Improve organizational capacity through the individuals
- Streamline process

Part 3: What did I learn?

The “Bridge” – or at least a part!



Framework Visual for KHI

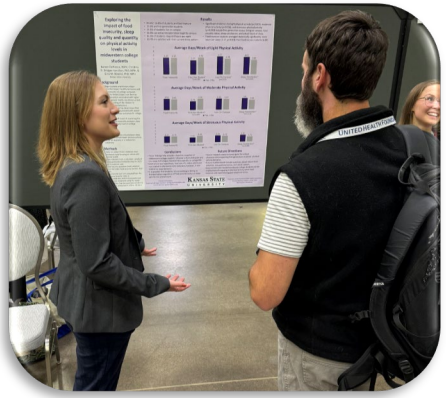


General Competencies Met

Number and Competency		Description
2	Select quantitative and qualitative data collection methods appropriate for a given public health context	Analytics provide quantitative feedback for audience reach and dissemination strategies used without extra work, since most social media provide that with an organizational account. Interviews were conducted because they provide rich context which is important to ensure someone is not writing from only their perspective while speaking for a group in a blog post.
4	Interpret results of data analysis for public health research, policy or practice	Analytics provide numbers for audience reach and how effective the dissemination strategies used were, while were analyzed using a grounded theory approach. However, it is important to note that the final product was known from the start, so strict adherence to the research framework was not condoned due to time restraints.
16	Apply leadership and/or management principles to address a relevant issue	Building a transcription and closed captioning resource guide for other KHI team members empowers others and helps guide decision making on these topics at a later point in time.
18	Select communication strategies for different audiences and sectors	Since rural individuals can be difficult to reach, but so many people now own phones, podcasts are a new communication strategy to reach these target audiences. Sending information through established email chains and to those who have affirmed interest in this area helps get the information to those who want it or need it most.
21	Integrate perspectives from other sectors and/or professions to promote and advance population health	All areas of KHI work require teamwork and interprofessional communication, but the podcast episodes highlight this most effectively. Project staff are those who design questions, host the podcast and perform the interview, while the communication team produce the product and provide helpful input on dissemination strategy.

Concentration Area Competencies

- Annual American Public Health Association (APHA) Conference October 2024
  - Competency 2: Investigate social, behavioral, environmental factors that contribute to participation in PA



- Active Living Conference (ALC) March 2025
  - Competency 5: Create evidence-based strategies to promote PA & communicate them to community stakeholders

Concentration Area Competencies

MPH Emphasis Area:			
Number and Competency		Description	Required Coursework
1	Population health	Investigate the impact of PA on pop. health & disease outcomes	KIN 612
2	Social, behavioral and environmental influences	Investigate social, behavioral, environmental factors that contribute to participation in PA	KIN 610 and KIN 805
3	Theory application	Examine and select social/behavioral theories/frameworks for PA in community settings	KIN 610 and KIN 805
4	Developing and evaluating physical activities interventions	Develop/evaluate PA interventions in diverse community settings	KIN 610 and KIN 805
5	Support evidence-based practice	Create evidence-based strategies to promote PA & communicate them to community stakeholders	KIN 612

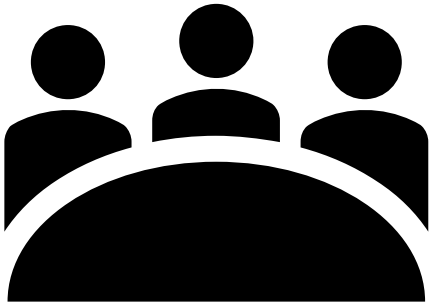
Extra Communication Experiences

KIN Dep. GTA

JPHMP Direct

The companion site of the *Journal of Public Health Management and Practice*
Celebrating 30 years of bridging the gap between research and practice

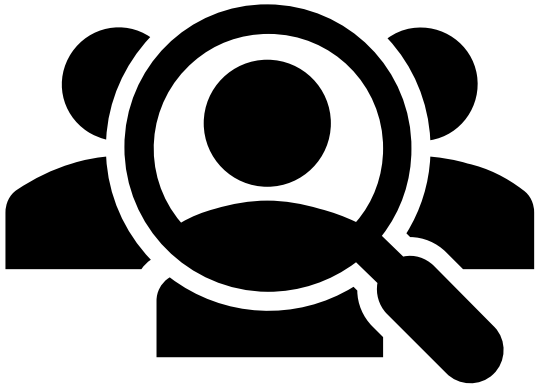
Journal of Public Health Management and Practice Website



Frontier Field Trip(s)

Take Home

- Remember our why + audience
  - Tailoring + trust
- Plain Language Approach
  - Reading level
- Meet people where they are at!



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Questions?

Public Health Misinformation

- More research is needed!

- Swire-Thompson, B., & Lazer, D. (2020). Public health and online misinformation: challenges and recommendations. *Annu Rev Public Health*, *41*(1), 433-451.
  - Improve ehealth literacy
  - Internet should be collaborative tool
  - Use technology as an advantage
  - Strengthen source quality
  - Increase corrections
    - Especially in situations like COVID-19
  - Ensure health information is accurate
    - Be careful in academic writing to not overstate findings

Artificial Intelligence (AI) + Misinformation

- Developing research area as well!

- Deiana, G., Dettori, M., Arghittu, A., Azara, A., Gabutti, G., & Castiglia, P. (2023). Artificial intelligence and public health: evaluating ChatGPT responses to vaccination myths and misconceptions. *Vaccines*, *11*(7), 1217. https://doi.org/10.3390/vaccines11071217
  - Can be both accurate or inaccurate
  - Deeply depends on the user
  - Paid versions more reliable, ethical concern?

AI + Public Health Uses

- Incredibly large research area, continuously expanding

- Kansas Health Institute. (2025). Developing Artificial Intelligence (AI) policies for public health organizations: A Template and guidance. https://www.khi.org/wp-content/uploads/2025/01/Developing-Artificial-Intelligence-AI-Policies-for-Public-Health-Organizations_A-Template-and-Guidance_web.pdf

- Jungwirth, D., & Haluza, D. (2023). Artificial intelligence and public health: an exploratory study. *International Journal of Environmental Research and Public Health*, *20*(5), 4541. https://doi.org/10.3390/ijerph20054541
  - Broad scientific discourse
  - AI can produce helpful synthesis and help with data collection/repetitive tasks, however there are still problems