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Bridging the health information gap: Challenge for public health in 21st century

Dear Sir,

Access to reliable, relevant, and implementable health care information has been identified as one of the key determinants for reaching the Millennium Development Goals (MDGs).^[1] Quite often, people suffer unnecessary ill health because they do not have access to basic health care services. Basically, there are three barriers to health care access: Delay in the decision to seek care, delay in getting to the facility and obtaining the appropriate care once at the facility.^[2] The second and third delays are mainly related to availability of resources like hospitals, equipments, doctors, etc. Therefore, for developing countries, with scarce resources, time taken to seek decision is most crucial.

The outcome of any disease depends on the appropriate and prompt decisions made by patients and their caregivers regarding treatment. These decisions are dependent upon the health care-related information available to them. Thus, the major determinant of poor health care outcome is lack of information about treatment at the hour of need. Lack of knowledge also leads to wrong decisions.^[3] For instance, only 40% of mothers knew that they should withhold fluids if their baby develops diarrhea.^[4] In other words, people are dying due to lack of basic health care knowledge. The 58th session of the World Health Assembly (2005) issued a resolution urging its member states to make health information available, accessible, and relevant to people's health needs.^[5]

The only way of dealing with informational gaps is by providing education and information to consumers and providers of health care. Through the invention of Information Technology (IT), the accessibility of health information has been relatively easier in present era as compared to past. However, the bulk of information is itself a barrier, where despite access, people still struggles to find appropriate information. The Council on Health Research for Development (COHRED) and the Global Forum for Health Research have shown that less than 10% of health-research funding focuses on the health problems that are responsible for 90% of the total disease burden.^[6] This 10/90 gap is further exacerbated by problems in getting developing world research published, indexed, incorporated into systematic reviews and integrated into accessible learning and reference materials. Thus, this 10/90 gap in research is translated into a 1/99 gap in health information.^[7] It means that merely 1% of the available information is targeted on 99% of global health problems. Moreover, the quality of most of the available health information materials is not reliable.^[8] Hence, basic health care consumers and providers continue to lack the information they need to learn, to diagnose and to save lives. Therefore, for designing effective and practical health information materials, an adequate assessment of information needs, gaps and barriers is of utmost importance. This will strengthen the health system and improve the quality of health care services.

According to an report by Institute of Medicine (2004), low health literacy negatively affects safety of health care delivery and treatment outcomes.^[9] These patients have a higher risk of hospitalization, have longer hospital stays, less likely to comply with treatment and are more likely to make medication errors.^[10] Improving the availability of such information to health care consumers and providers is potentially the single most cost-effective strategy to sustainably improve the quality of health care in developing countries.^[11] Interventions designed to improve communication through the use of pictorial, videotape or simplified-written materials lead to improvement in knowledge of all groups involving low-literacy groups.^[12]

It is high time to provide access to relevant and appropriate health care information specifically catered to different stakeholders of society. The information needs of a family physician may be different from those of patients and caregivers. The need-based approach should be used in this case, where the information is based on research, informed by evidence, and enabled by technology to take care of needs of various stakeholders.^[11] This information should be freely available to them. Further, the information should be

provided under one umbrella, to which the stakeholders should be aware about, so as to prevent the information overload and simultaneously prevents unreliable and irrelevant information. The five parameters for actionable information i.e. language, timeliness, simplicity, quantity, and accessibility should always be kept in mind, while designing and reproducing health care information.^[13] The health information needs of health care providers and consumers are central to the realization of MDGs for health.

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References

1. Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. Access to health care in America. Washington: National Academies Press; 1993.
2. Maine D. Lessons for program design from the PMM projects. *Int J Gynaecol Obstet* 1997;59:S259-65.
3. Al-Shorbaji N. Empowering people and organizations through Information. *J Health Commun* 2012;17 Suppl 2:1-4.
4. Wadhvani N. An integrated approach to reduce childhood mortality and morbidity due to diarrhoea and dehydration. Available from: <http://hetv.org/india/mh/plan/hetvplan.pdf> [Last accessed on 2012 Oct 10].
5. World Health Organization. (WHO). Resolutions and decisions: WHA58.34, Ministerial summit on health research. Geneva, Switzerland: Author. 2005. Available from: http://apps.who.int/gb/ebwha/pdf_files/WHA58/WHA58_34-en.pdf [Last accessed on 2013 Jan 14].
6. Global Forum on Health Research. 10/90 report on health research 2003-2004. Available from: <http://www.globalforumhealth.org/pages/index.asp> [Last accessed on 2012 Oct 13].
7. Godlee F, Pakenham-Walsh N, Ncayiyana D, Cohen B, Packer A. Can we achieve health information for all by 2015? *Lancet* 2004;364: 295-300.
8. Coulter A, Ellins J, Swain D, Clarke A, Heron P, Rasul F, *et al.* Public Health Resource Unit; Picker Institute Europe; Oxford. Assessing the quality of information to support people in making decisions about their health and healthcare 2006. Available from: <http://www.pickereurope.org/Filestore/Publications/Health-information-quality-web-version-FINAL.pdf> [Last accessed on 2013 Jan 13].
9. Institute of Medicine. Health Literacy: A prescription to end confusion. Washington DC: The National Academies Press. 2004. Available from: http://hospitals.unm.edu/health_literacy/pdfs/HealthLiteracyExecutiveSummary.pdf [Last accessed on 2012 Dec 12].
10. Davis TC, Wolf MS, Bass PF 3rd, Thompson JA, Tilson HH, Neuberger M, *et al.* Literacy and misunderstanding prescription drug labels. *Ann Intern Med* 2006;145:887-94.

Letters to the Editor

11. Pakenham-Walsh N, Priestley C, Smith R. Meeting the information needs of health workers in developing countries. *BMJ* 2007;314:90.
12. Moudgil H, Marshall T, Honeybourne D. Asthma education and quality of life in the community: A randomized controlled study to evaluate the impact on white European and Indian subcontinent ethnic groups from socioeconomically deprived areas in Birmingham, UK. *Thorax* 2000;55:177-83.
13. Kapadia-Kundu N, Sullivan T, Safi B, Trivedi G, Velu S. Understanding Health Information Needs and Gaps in the Health Care System in Uttar Pradesh, India. *J Health Commun* 2012;17 Suppl 2:30-45

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