

Communication Skills in Public Health, Computer Applications Skills in Public Health and HIV/AIDS & STI’S

MODULE SEVEN (7) ASSIGNMENT



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**Introduction**

**1. Definition of Public Health**

The science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals. **By: CEA Winslow**

[**History of Public Health**](https://www.sciencedirect.com/science/article/pii/B978012415766800001X)

The history of public health is derived from many historical ideas, trial and error, the development of basic sciences, technology, and epidemiology. In the modern era, James Lind’s clinical trial of various dietary treatments of British sailors with scurvy in 1756 and Edward Jenner’s 1796 discovery that cowpox vaccination prevents smallpox have modern-day applications as the science and practices of nutrition and immunization are crucial influences on health among the populations of developing and developed countries.

History provides a perspective to develop an understanding of health problems of communities and how to cope with them. We visualize through the eyes of the past how societies conceptualized and dealt with disease. All societies must face the realities of disease and death, and develop concepts and methods to manage them. These strategies evolved from scientific knowledge and trial and error, but are associated with cultural and societal conditions, beliefs and practices that are important in determining health status and curative and preventive interventions to improve health.

The history of public health is a story of the search for effective means of securing health and preventing disease in the population. Epidemic and endemic infectious disease stimulated thought and innovation in disease prevention on a pragmatic basis, often before the causation was established scientifically. The prevention of disease in populations revolves around defining diseases, measuring their occurrence, and seeking effective interventions.

Public health evolved through trial and error and with expanding scientific medical knowledge, at times controversial, often stimulated by war and natural disasters. The need for organized health protection grew as part of the development of community life, and in particular, urbanization and social reforms. Religious and societal beliefs influenced approaches to explaining and attempting to control communicable disease by sanitation, town planning, and provision of medical care. Religions and social systems have also viewed scientific investigation and the spread of knowledge as threatening, resulting in inhibition of developments in public health, with modern examples of opposition to birth control, immunization, and food fortification.

Scientific controversies, such as the contagionist and ant contagionist disputations during the nineteenth century and opposition to social reform movements, were ferocious and resulted in long delays in adoption of the available scientific knowledge. Such debates continued into the twentieth and still continue into the twenty-first century with a melding of methodologies proven to be interactive incorporating the social sciences, health promotion, and translational sciences bringing the best available evidence of science and practice together for greater effectiveness in policy development for individual and population health practices.

Modern society in high, medium and low-income countries still faces the ancient scourges of communicable diseases, but also the modern pandemics of cardiovascular disease, cancers, mental illness, and trauma. The emergence of acquired immunodeficiency syndrome (AIDS), severe acute respiratory syndrome (SARS), avian influenza, and drug-resistant microorganisms forces us to seek new ways of preventing their potentially serious consequences to society. Threats to health in a world facing severe climate and ecological change pose harsh and potentially devastating consequences for society.

The evolution of public health is a continuing process; pathogens change, as do the environment and the host. In order to face the challenges ahead, it is important to have an understanding of the past. Although there is much in this age that is new, many of the current debates and arguments in public health are echoes of the past. Experience from the past is a vital tool in the formulation of health policy. An understanding of the evolution and context of those challenges and innovative ideas can help us to navigate the public health world of today and the future.

Healthcare is not left behind either, even though it has been relatively slow in adopting the new technologies like the other industries. This is because of its strict regulations and the sensitive nature of medical information.

Nevertheless, healthcare has made quite significant steps that have redefined the way in which patients receive treatment, how data is collected, how research is carried out, and how physicians use new tools and find fresh and innovative ways to practice medicine.

The number of hospitals that has developed the electronic health records [EHR] have increased. According to a research carried by PwC Health Research Institute, only 9 percent of these hospitals used EHRs 10 years ago as compared to the 90 percent today.

In pushing for the digital health, public crowdfunding has played a huge role in enabling patients get the right kind of assistance they need to get the right medical care. This is especially for those patients with a disease such as cancer which require the use of highly developed machines.

**2. How has technology improved communication of Public Health communication**

**Health communication campaigns:** combine multiple channels to influence health behaviors, using mass media as the central channel, and other strategies, such as distribution of free or reduced-price health products. These campaigns can increase the use of products—such as pedometers, nicotine replacement therapy, or bike helmets—that encourage healthy behaviors, help stop harmful behaviors, or protect from disease or injury. For example, a campaign to increase physical activity may combine newspaper and billboard advertisements about the benefits of walking with free pedometers and brochures on how to use them.

**Comprehensive community-wide approaches:** use multiple health communication, social marketing, and other strategies to improve a variety of behaviors, including increasing folic acid supplement use in women of childbearing age, and increasing vaccinations in targeted populations. These types of interventions are broad-based coordinated efforts targeted to the entire community.

**Telehealth interventions:** enable distance-based electronic or digital communication between healthcare providers and patients with diet-affected chronic diseases, such cardiovascular disease and diabetes. Healthcare providers and patients can communicate by phones, videos, mobile

apps, web-based programs, or email. These interventions help chronic disease patients improve dietary outcomes, such as sodium, fat, and fruit and vegetable intake. Most interactions between providers and patients are distance-based but they may be combined with in-person interactions

**Mobile phone applications:** (apps) for diabetes self- management allow patients with type 2 diabetes to enter data or use medical equipment that transmits data directly. These apps provide patients with automated feedback or messages from healthcare providers and help improve blood glucose outcomes. Interventions can use these mobile phone apps within healthcare systems to help facilitate coordinated diabetes care between patients and healthcare providers.

**Text messaging interventions:** for medication adherence send messages to remind or encourage patients who have at least one chronic medical condition, to take their medication as prescribed. Messages must be accessible through the patient’s mobile phone and must be sent regularly, although frequency may vary from medication dose times to weekly adherence reminders. These interventions may involve two- way communication with a healthcare provider.

**Interactive digital interventions:** for blood pressure control use digital devices to provide self-management information and support for patients with high blood pressure. The digital component must be interactive to allow patients to enter data and make choices. Information must be accessible through a computer, smartphone, telephone, or other hand-held device. Patients must receive personally relevant, tailored information and feedback that can be provided without direct input from a health professional. These interventions may include additional activities, such as self-measured blood pressure monitoring, counseling, or follow-up from a health professional.

**3. Media Campaign**

Over the past few years, my organization has been using media campaigns in an attempt to affect various health behaviours in mass populations. Such campaigns have most notably been aimed at tobacco use and heart-disease prevention, but have also addressed alcohol and illicit drug use, cancer screening and prevention, sex-related behaviours, child survival, and many other health-related issues. Typical campaigns have placed messages in media that reach large audiences, most frequently via television or radio, but also outdoor media, such as billboards and posters, and print media, such as magazines and newspapers. Exposure to such messages is generally passive, resulting from an incidental effect of routine use of media. Some of the campaigns that my organization used is incorporate new technologies (eg, the internet, mobile phones and personal digital assistants), but recipients have so far generally been required to actively choose to seek information, for example by clicking on a web link, and discussion of these methods is not included in this Review.

Media campaigns can be of short duration or may extend over long periods. They may stand alone or be linked to other organised programme components, such as clinical or institutional outreach and easy access to newly available or existing products or services, or may complement policy changes. Multiple methods of dissemination might be used if health campaigns are part of broader social marketing programmes.

**Direct and indirect methods to affect behaviour change**

The Mass media campaigns we used in the past 2 years helps us achieved some of the challenges and problems the public and the communities are facing in their localities today and it work through direct and indirect pathways to change the behaviour of whole populations or the public in general. Many campaigns we did aim to directly affect individual recipients by invoking cognitive or emotional responses. Such programmes are intended to affect decision-making processes at the individual level. Anticipated outcomes include the removal or lowering of obstacles to change, helping people to adopt healthy or recognise unhealthy social norms, and to associate valued emotions with achieving change. These changes strengthen intentions to alter and increase the likelihood of achieving new behaviours. For instance, an antismoking campaign might emphasise risks of smoking and benefits of quitting, provide a telephone number for a support line, remind smokers of positive social norms in relation to quitting, associate quitting with positive self-regard, or a combination of these features.

Behaviour change also achieved through indirect routes. First, mass media messages can set an agenda for and increase the frequency, depth, or both, of interpersonal discussion about a particular health issue within an individual’s social network, which, in combination with individual exposure to messages, might reinforce (or undermine) specific changes in behaviour. Second, since mass media messages reach large audiences, changes in behaviour that become norms within an individual’s social network might influence that person’s decisions without them having been directly exposed to or initially persuaded by the campaign. For example, after viewing televised antismoking campaign messages, several members of a social group might be prompted to form a support group to help them stop smoking. Another individual who has not seen the television campaign could decide to join the support group and change his or her own behaviour. Finally, mass media campaigns can prompt public discussion of health issues and lead to changes in public policy, resulting in constraints on individuals’ behaviour and thereby change. For example, a campaign discouraging smoking because of its second-hand effects on non-smokers might not persuade smokers to quit, but it might increase public support for a new policy that restricts smoking in specific places, which might have the secondary effect of persuading smokers to quit.

**Infectives of Media Campaign**

**The creation of uncertainty**: Companies/organization come into developing media communications strategy in order to reduce uncertainties, health behaviors, stress and conflicts. However, poor and ineffective campaign/communication could lead to communities to uncertain of their roles and value in fighting the problems they are facing. For example, if an informant fails to keep his information in the loop regarding new ideas and policies, the public may tend to break rules without intending to or miss out on benefits that are due them. As a result, distrust, frustration and conflict between the involved parties may occur.

**Lack of collaboration and poor media**: If communication in the public is poor and ineffective, the general public are less likely inclined to collaborate with each other. This then results in poor coordination or collaboration on fighting the problems they are facing the and potentially, even friction amongst public and communities. This would be extremely unfortunate as the core of any organization is the people who are their beneficiaries. Without camaraderie and strong working relationships, companies/organization will have a difficult time going towards their objectives.

**Miscommunication to the Public**: Poor and ineffective media campaign can stifle and put a halt to the campaign. When people don’t know what to do, they may end up doing things that were not required of them. For example, a person may think that he is in charge of giving the right information to the pubic, while all along, the said task was already given to someone else. This results in two outputs, confusion, frustration, and lost opportunity to further the progress of the campaign.

**Decrease in morale and engagement**: When communication campaign is ineffective, it can result in decrease in public morale and engagement. After all, why would public members want to commit to a company/organization campaign and to colleagues they can’t trust or rely on?

**Effectives of Media Campaign**

**It Builds and Maintains Relationships**: Media Campaign is a key building block of any relationship with the public or communities since they are the beneficiaries. Two people can’t be friends unless they start to talk or communicate with each other. The same goes for health behavior, as the means of communication, organization should be able to explain to the public or communities the importance of health behavior change through media campaign on how to go about this issue in their localities. Media campaign is not only building on health behavior change only, but also harnesses it.

**It Facilitates Innovation and education of general Public on Health Behavior**: When communities/public are comfortable in expressing themselves, cooperation and innovation with the organization media personnel that can be improved. The public will be able to convey their thoughts on how to improve the root cause of this health behaviors in their communities for instance. Smokers, fighters who know the value of soliciting and listening to feedback, meanwhile, should be able to pick up those ideas and implement them if applicable.

**It Increases Public Engagement**: Experts define Public engagement as to the level of emotional commitment the public have to organizational goals and values. It is often misunderstood as public happiness and satisfaction, yet the difference is that the public can be happy with this campaign but this does not mean that they will work hard enough to help the firm attain a goal, like posting an increase in the information to the large group of people in the country.

**It Contributes to Company/organization Growth**: Finally, effective media communication can contribute to the growth of the organization/company.

Good external media communication, for instance, can ensure that organization/company would be able to promote its activities and health services to its target beneficiaries.

On the other hand, effective internal media communication can empower employees, making them more aware of how their respective work assignments can contribute to the company’s bottom line and communities or beneficiaries. Good internal media communication can ensure that everyone in the organization is on the same page as far as achievement of corporate goals is concerned.

**4. What is Patient Centered Care Communication?**

Is the communication that is respectful of and responsive to a health care user’s needs, beliefs, values, and preferences.

For health care professionals and organizations, this means communicating in ways that draw out patients’ perspective and put them into context, recognize and respect patients’ values and beliefs, and encourage patients to take part in their own care and decision-making.

Within a hospital or health system, any communication that affects health care users can be patient-centered. This includes communication between physicians and patients, staff members and patients, physicians and staff members about patients, and many other combinations.

Verbal, non-verbal, and written communications can all be patient-centered.

**Here is how patient Care Centered communication has improved service delivery for public Health Professionals**

**Engaging patients, families and carers as partners:** Promoting patient engagement can focus on service-level improvement and individual care. For example, a service aiming to improve safety by partnering with individual patients may actively engage patients in handovers, medication reviews, and planning and managing their own care. Strategies for partnering with patients, family and carers at the service level include: • partnering in service redesign and co-design projects • involving patients, families and carers in educational programs for healthcare professionals and administrative leaders • establishing a patient liaison office involving patient representatives • establishing patient and family advisory councils or committees • involving patients, families and carers in key organisational committees such as – strategic planning – safety and quality improvement – medical review – risk management

**Resourcing improvement of care delivery and environment**: To successfully establish a patient-centred care approach, organisations need to address changes in response to the areas of need identified through patient feedback, and consult with patient advisers and other relevant experts before deciding on strategies. Surprisingly, in successful patient-centred services, the improvements that patients suggested were not necessarily expensive, and patient advisers in a number of services are viewed as the force for making health care more affordable. Examples of responsive changes made by hospitals to improve patient-centred care include: • nurses hourly rounding on wards • providing welcoming facilities for families • reviewing hospital signage from a patient perspective • providing a new style of hospital gown to afford dignity to patients • engaging volunteers to act as concierges or patient navigators • redesigning waiting areas • introducing communication strategies to keep patients and families informed.

**Building staff capacity and a supportive work environment:** The strategies highlighted is to support staff, such as staff and practice development, values training, communication skills training and staff satisfaction programs, will also help establish patient-centred care in Africa and the rest of the world. This has already begun in New South Wales, where NSW Health is using a Studer Group program to improve communication between staff and patients. According to **Coulter,141** the basic competencies required by individual health professionals to be patient-centred include: • understanding the patient’s perspective, expressing empathy and providing appropriate support • guiding patients to appropriate sources of information on health and healthcare • educating patients on how to protect their health and prevent occurrence or recurrence of disease.

**Accountability at all levels for improving patient-centred care**: Successful patient-centred care organisations establish clear lines of accountability for staff at all levels, making each person responsible for improving patient care experience.87 Individual accountability can be reinforced through performance reviews. A range of strategies can be put in place to promote staff accountability, including: • incorporating responsibility for improving patient care experience in job descriptions • explaining at orientation for new staff that they are responsible for the experience of care that a patient has • considering patient feedback during staff performance reviews, including sharing patient stories • linking promotions or performance bonuses to improving quality indicators, including care experience • incorporating patient care experience metrics into unit, departmental and organisational performance monitoring and reporting.

**Data driving change:** using regular collection and feedback of patient care experience Internationally, few organisations have adequate systems for coordinating patient experience data collection and assessing its quality, or for learning from and acting on the results in a systematic way. To gain a clear picture of patient care, it is important to use a range of sources to collect information about patient experience. Patient surveys that are conducted on a regular basis and reported throughout the organisation, from executive level to the ward, provide staff and management with feedback about care from the service users’ perspective. Patient surveys and complaints data are useful to reveal large-scale trends, and help those responsible for service planning and governance. Although they are an important foundation, patient experience survey scores can present a limited picture. Detailed information about specific aspects of patients’ experiences is likely to be more useful for monitoring performance of hospital departments and wards.

**5. The following are some of the ways that technology has improved the healthcare;**

**Better treatments, equipment, and medicine**: There’s no doubt that as years go by, technology is bringing upon many benefits on the healthcare. Better equipment has enabled the doctors to provide more comprehensive care. This has led to better treatments which in turn has improved the quality of life of many people suffering from long-term illnesses.

Better medicine has cleared off the fear of some life-threating illness of the past. There has also been a speedy research because of the improved equipment.

There’s increased connectivity among physicians and medical researchers. Technology has made it easy for physicians from different parts of the world to connect with one another to share information. Some apps have been developed that allows physicians to post recent findings and they can initiate conversations on their mobile devices. This saves the amount of time that the physicians spent when getting in touch with the colleagues. Technology has allowed the researchers to find answers to certain medical mysteries.

**Improved relationship with patients**: Through technology, doctors can access a patient’s records. This gives them in-depth medical information of a certain patient. This can allow the doctor to provide personalized treatment to the patient.

In the past, patient’s medical files used to be stored in the stores or halls, creating large amounts of paperwork and making it hard to find files from many years back. But now, technology has allowed records to be transcribed online making them easily available to both the doctor and the patient. This also makes the patient feel more comfortable with the doctor because he understands their complete health history.

**Faster results**: In the past, getting results of medical tests took weeks or even months. With the improved technology, it is possible to get the results when the lab is finished with your sample. Nowadays, many hospitals and clinics offer web portals. This allows you to access your results within hours or days.

This is a good move because it reduces the patient’s anxiety and provides them with the answers that they need. The web portals also enable patients to access their past medical records, giving them a chance to keep tracks of their appointments, medical issues, and billing.

**Healthcare facilities can now reach patients using social media**: Clinics, doctors, and even research facilities can take advantage of social media platforms e.g., Facebook to reach the larger populations.

Healthcare facilities, especially hospitals are using social media to keep in contact with patients, answer their questions, launch public awareness campaigns and perform community outreach. Some of these sites are advanced; they can allow for instant chats with nurses and doctors about medical issues or even remind people to get the tests and vaccines that are regularly needed.

**Software improves healthcare and disease control**: The development of some specific software has enabled the World Health Organization [WHO] to classify some illnesses, their causes, and symptoms into a massive database that has more than 14,000 individual codes.

This information allows medical professionals and researchers to track, retrieve, and utilize valuable data to control disease and provide better healthcare.

Software also plays a role in tracking medical procedures and using billing methods that reduce the amount of paperwork.

**Reduced risk and recovery time:** The developments in technology have improved the safety of medical procedures. Due to advanced technology, technological innovations such as laser treatments, medical procedures are now less risky. The use of new technology has reduced the recovery time. In some cases, the recovery time has been reduced from several weeks down to a couple of days.

**6. This is how mobile phone has affected on the management of diabetes**

**Mobile Phones as a Medium for Information Dissemination:** Traditional mass awareness programs rely on news-papers, television, or radio programs. Cell phones, being ubiquitous and portable, are an alternate medium for propagating simple messages on understanding of the signs and symptoms, risk factors, long-term complications, and ways to live with diabetes. Short messaging services can be used effectively for this purpose. Many tele-communication operators and handset manufacturers offers SMS in regional languages. For illiterate groups, voice and picture messaging are alternate options.

Another application of cell phone is in computing calorie consumption, which is often a difficult task. Several mobile phone applications are already on the market that help people with diabetes to make healthier meal choices with information on carbohydrates, portion size, and food labels. The challenge will be in making this application affordable and accessible, particularly among those with a low level of education.

**Use of Mobile Phones in Supporting Evidence-Based Management:** Management of diabetes revolves around maintaining optimal control of blood pressure, lipids, and glucose to defined targets. However, in most developing-country settings, a wide gap exists between practice recommendations and delivery of diabetes care. For example, several reports from India have highlighted the suboptimal use of various evidence-based drugs (angiotensin-converting enzyme inhibitors, statins, and hypoglycemics medications) at all levels of care. Similarly, the Diabcare-China surveys that compared the differences in subject characteristics, glycemic control, diabetes complications, and treatment between 1998 and 2006 in persons with type 2 diabetes in China has highlighted the large gap between guidelines and their actual use. These facts highlight the importance of decision support systems to facilitate evidence-based medicine and improve the quality of care. Quinn and colleagues carried out a pilot trial to examine the health care provider's adherence to prescribing guidelines using a cell-phone-based diabetes management tool. The results from this study were encouraging, as it facilitated treatment decisions, provided organized data, and reduced logbook review time for analyzing patient data trends.

**Remote Monitoring:** Remote monitoring is another application for cell phones in diabetes care. Rami and associates evaluated the feasibility of a telemedical support program and its effect on glycemic control in adolescents with type 1 diabetes mellitus. Patients sent their daily data (date, time, blood glucose, insulin dosage) via mobile phone to a central server, and diabetologists sent back their advice via SMS once a week. Glycemic control improved during the telemedical phase compared to the control phase in which the participants used a paper diary for daily monitoring.

Cell phone applications can also help in remote monitoring of difficult carbohydrate counting. Diabetes Interactive Diary is a novel program designed to be used on a mobile phone. This application facilitates the communication between a dietitian and diabetes subjects, particularly in type 1 diabetes, by using a SMS so that the dietitian can monitor glycemic control and suggest insulin doses that correspond directly with the amount of carbohydrate consumed. Clinical trial data on effectiveness of this tool are yet to be published.

**7. Advantages of Computer Technology**

**Management Public Health systems.** They are computer-based systems for acquiring, storing, transmitting, and displaying patient administrative or health information from different sources that can support administrative or clinical activities. Management systems include ICTs such as electronic health records and personal (patients) health records.

**Communication systems**. They are telecommunication systems used when users are distant in space and/or time. This kind of communication takes place in a synchronous or asynchronous way, between health professionals or between health professionals and patients or carers. It involves a targeted sharing of information between specific individuals or individuals who play distinct roles for diagnostic, management, counselling, educational, or support purposes. There are a wide range of communication systems, from e-mail and smart phones through telemedicine and telecare systems.

**Computerized decision support systems.** These systems refer to a computer-based system, which is automated and aims to support health professionals in practicing within clinical guidelines and care pathways or providing best evidence-based care. These kinds of systems are usually operated in real time and involve decision support that comes from artificial intelligence (for example, a software program) rather than a person.

**Information systems.** These systems are defined by the use of internet technology to attain access to different information resources, such as health and lifestyle information. The information remains at a general level, and it is not tailored to specific individual needs. Web-based resources and e-health portals for retrieving information are applications of information systems

**Globalization:** Another important advantage of the information technology is the globalization. With the help of this advantage of the information technology the modern World becomes closer in the ways of communication and provides the easy way for faster communication, which also enhances the economy and the profit of different types of businesses.

**Creation of new Jobs:** A major advantage of the information technology is that it provides the many ways for the jobs and increases the vacancies in the field. Because of the development of the new technologies in the field of information technology it provides the opportunity for the new generation to come in the technical field and generate the technology for the future.

**Storage of Data and Information:** While human brains can contain a high level of information to use in making a decision, a computer's "brain" can contain even more data and information, depending on the storage space it is connected to. With a higher capacity for more data, especially data that a human brain might not retain, such as complex equations, more information can be incorporated into the "brain" or algorithm of the computer in its decision making, leading to better results.

**Speed and Accuracy:** Computers can process information much faster than a human brain. One advantage to computers making decisions is that you will have decisions made faster and more accurately than a human brain, which may get hung up with different factors involving the decision, leading to slower overall results. Also, unlike people who can become tired or suffer from a lack of concentration and deliver inaccurate decisions, a well-tuned computer is always alert and can process reams of information without growing bored or tired, leading to more precise results.

**Disadvantages of Computer Technology**

**Expensive:** An increasingly sophisticated health technology definitely does not come cheap. We have to understand that all first world national healthcare systems face a range of challenges; one of which is the ageing population. People are living longer. So, what does this imply? This means an increased health needs *but*the working population generating income to pay for healthcare system is reduced. So, one consideration would be, is the high cost which comes with high technology economically viable for the government?

**Requires time to adapt fast:** As we know, technology is constantly evolving. Many a time there will be new software’s, new upgrades, new way of doing things. In order to keep up with the competitive edge, hospital staff has to keep up with such changes. This can be a struggle for some, especially for the older staff.

**Over-dependency on technology**: While once the staff has adapted to the new way of work, there comes the next problem. It is not uncommon for a computer system to face technical errors. The health care informatics system is no exception. This problem is especially crucial in the Accident & Emergency (A&E) Department. Various departments in the hospital are interconnected by a common information system. When 1 department is down, others are affected. For example, a patient was rushed into the A&E Department. When there is an error while retrieving blood analysis information, the rest of the procedures following it will be delayed. This will cause huge inconveniences, or worse; it may even have adverse effects in the patient’s health condition.

**Susceptibility to network hackers**: Patients’ medical history and other health information should be kept confidential for ethical and legal reasons. While the health care system network is definitely equipped with security measures, it is not impossible for network hacking to occur. Hence, this is certainly a vulnerability of Health Informatics.

**8. The prevention of Sexually Transmitted Diseases and one of its examples as follows**

**Hepatitis**: is an inflammation of the liver. Viruses cause most cases of hepatitis. The type of hepatitis is named for the virus that causes it; for example, hepatitis A, hepatitis B or hepatitis C. Drug or alcohol use can also cause hepatitis. In other cases, your body mistakenly attacks healthy cells in the liver.

And here are how to prevent Sexually Transmitted Diseases.

**Community Education:** Educating the community helps individuals make informed decisions with regard to the prevention of STIs. Establishing partnerships with non-clinical, youth-serving, community-based programs, government and non-government family planning programs and schools will help establish community "ownership" of STI prevention as part of an enduring, sustainable effort.

**Abstinence:** The most reliable way to avoid infection is to not have sex (i.e., anal, vaginal or oral).

**Condom Social Marketing Campaign:** Condom social marketing campaigns have emerged as an effective tool in the fight against STIs. The social campaigns are geared towards making condoms more easily available, affordable and contribute to the normalization of condoms, making them more culturally acceptable to sexually active individuals in general as well as to those in high-risk groups. Most interventions use mass media extensively and often supplement it with community-based outreach efforts such as peer education and promotional events.

**Vaccination:** Vaccines are safe, effective, and recommended ways to prevent hepatitis B and HPV. [HPV vaccines](https://www.cdc.gov/hpv/parents/vaccine.html) for males and females can protect against some of the most common types of HPV. It is best to get all three doses (shots) before becoming sexually active. However, HPV vaccines are recommended for all teen girls and women through age 26 and all teen boys and men through age 21, who did not get all three doses of the vaccine when they were younger. You should also get [vaccinated for hepatitis B](https://www.cdc.gov/hepatitis/hbv/hbvfaq.htm) if you were not vaccinated when you were younger.

**Reduce Number of Sex Partners:** Reducing your number of sex partners can decrease your risk for STDs. It is still important that you and your partner get tested, and that you share your test results with one another.

**Mutual Monogamy:** Mutual monogamy means that you agree to be sexually active with only one person, who has agreed to be sexually active only with you. Being in a long-term mutually monogamous relationship with an uninfected partner is one of the most reliable ways to avoid STDs. But you must both be certain you are not infected with STDs. It is important to have an open and honest conversation with your partner.

**Use Condoms:** Correct and consistent use of the [male latex condom](https://www.cdc.gov/condomeffectiveness/brief.html) is highly effective in reducing STD transmission. Use a condom every time you have anal, vaginal, or oral sex.

If you have latex allergies, synthetic non-latex condoms can be used. But it is important to note that these condoms have higher breakage rates than latex condoms. Natural membrane condoms are not recommended for STD prevention.

**Put Yourself to the Test**: [Knowing your STD status is a critical step to stopping STD transmission](https://www.cdc.gov/std/prevention/screeningreccs.htm). If you know you are infected you can take steps to protect yourself and your partners.

Be sure to ask your healthcare provider to test you for STDs — asking is the only way to know whether you are receiving the right tests. And don’t forget to tell your partner to ask a healthcare provider about STD testing as well.**References**

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