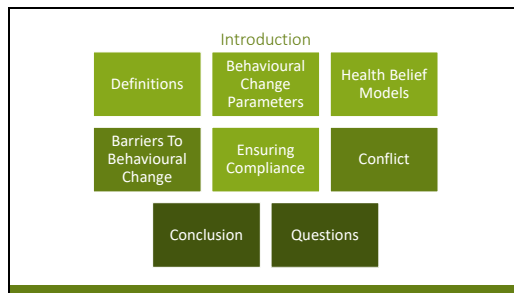


Slide 1



Hello and welcome to this presentation designed to **explain how a health education/promotional campaign could be successful using psychological theory and evidence.**

Slide 2



Today I'll be talking you through areas of psychological research that explore how health education campaigns are structured. Firstly I will discuss how "health campaign" and "success" is defined in terms of Health campaigning. After this I will explain how behaviour is perceived to be positive or negative and the implications that this decision carries. I will then briefly explain five Health Behaviour Models, and how they are used to demonstrate behavioural change during campaigns that utilise them. After this I will explain psychological reactions and theories that support and counter HBMs. I will then explain the challenges that HBM face, and finally demonstrate the connotations of the research performed for this presentation, and then I will conclude with how successful campaigns use psychological theories and evidence.

Slide 3

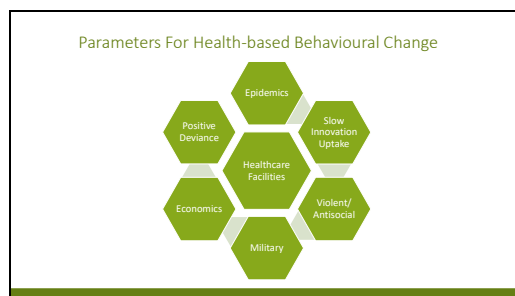


Definitions

Organised communication designed to improve health behaviours (Snyder, 2007).

USA - A 5% increase in total uptake (Snyder, 2007).

Slide 4



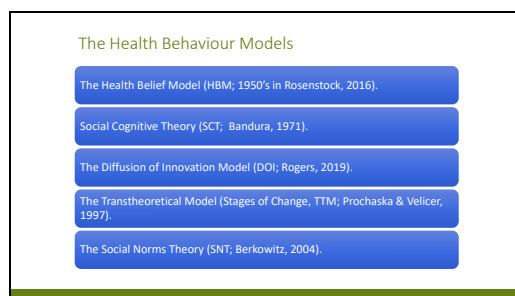
Morality and ethics are thought to be fluid by the BPS, so as society adapts and progresses negative health behaviours may become positive, for instance smoking was once encouraged and is now seen to be a “bad” habit. As health campaigns are organised communications, there has to be something to organise and communicate for, and this must be based on empirical evidence, either through research or real-world case studies (Snyder, 2007). Education of behavioural traits, rather than reminding people of their wrong-doing is a more successful motivator, and there is also evidence that framing issues in terms of a moral dilemma actually encourages individuals to robustly oppose the change (Tauber, van Zomeren, And Kutlaca, 2015). Organising for or against behavioural change is a dichotomous topic however, as campaigns actively manipulate free-will in order to control, so the benefit of the behavioural change must be clearly defined to inform partakers in case of their will to withdraw or not participate (BPS, 2019).

Slide 5



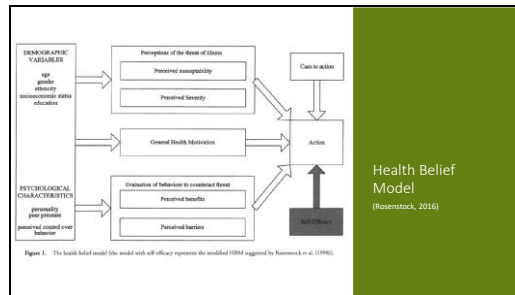
This slide shows demographics that can be targeted by HBCs. Tauber, van Zomeren, and Kutlaca's 2015 piece suggests that demographics must be carefully researched to identify their motivations, and how they wish to be perceived by others, before deciding how to frame an argument, theirs is specific to climate change, but interestingly they suggest that moral arguments are rarely effective for two reasons, the first is that humans are naturally defensive when their morality is challenged, and this allows the existing behaviour to change, and if someone already possess the belief you wish to alter to, then there is little need to get them to change.

Slide 6



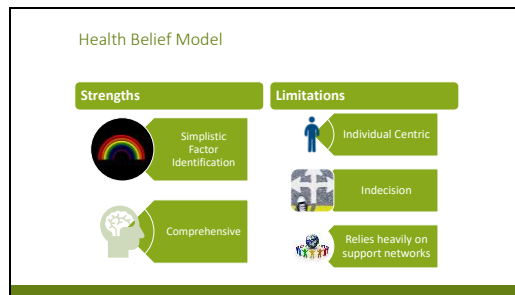
These are 5 of the Health Behaviour Models I will be explaining this morning, each of them has various strengths and weaknesses, which I will briefly discuss.

Slide 7



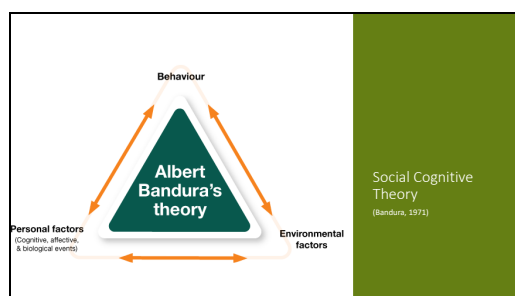
The health belief model depends on educating the individual, informing them about potential hazards and the probability they will suffer from them, compared to the benefits of changing their behaviour. Encouraging belief in the individual about their capabilities and providing examples of when their negative behaviour is autonomous and how to counter them is essential to success.

Slide 8



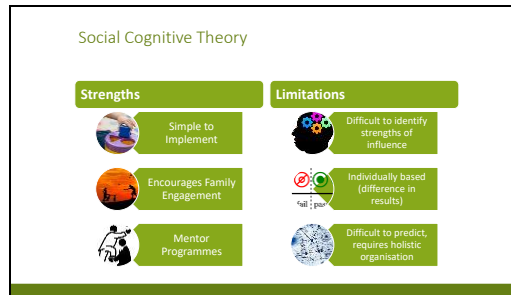
Due to the comprehensive nature of the HBM personal and external factors are accounted for, this makes the HBM a comprehensive model to base a successful campaign on if financially viable. HBMs are expensive because they require cues to action. Participants in the campaign can also become trapped between the cue to action and the desired behaviour and neither stop the old behaviour or completely commit to the new one.

Slide 9



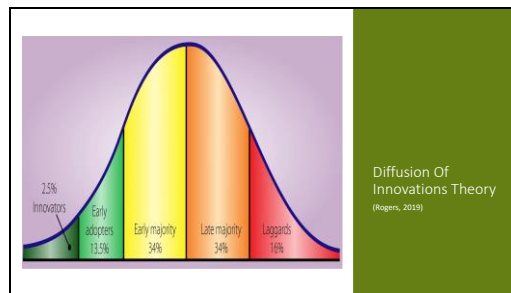
SCT works by increasing the influence of the desired healthy behaviour, educating the individual about the positive and negative effects of their behaviour and altering the environment they are in to lead to success. Showing healthy behaviours in television adverts, providing access to support and facilities that are synonymous with the healthy behaviour, and educating significant others all contribute to increased success.

Slide 10



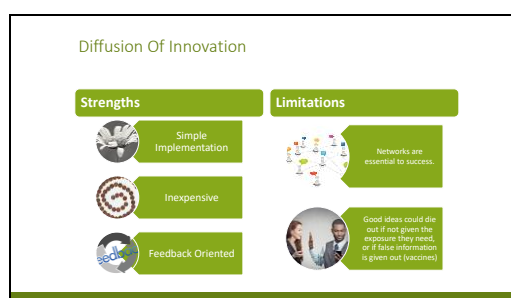
SCT depends entirely on manipulating the external influences on the target demographic, introducing social help to encourage the behaviour change is simple, and targeting secondary demographics such as parents or partners. The effects of SCT are difficult to determine, there are cognitive processes involved that are unique to each participant, so in order to guarantee behavioural change a holistic approach must be adopted.

Slide 11



The DOI theory is how products and ideas become disseminated. There are two processes that occur, the innovator or innovators present the idea and then other people adopt it. This simplicity works well in rural environments and developing countries as adopters can choose to engage or not, depending on their personality, and they can choose to research the idea or not.

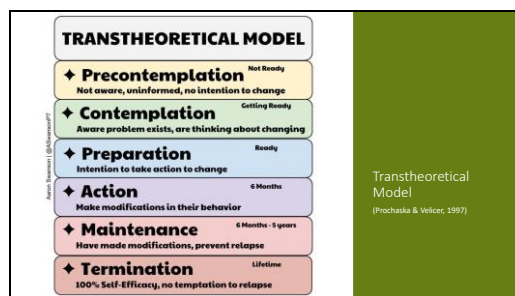
Slide 12



DOI campaigns have been shown to be very successful in rural communities, including Kakerere Parish in Uganda, as well as specifically targeted groups like the AIDs campaigns in San Francisco (Chamie et al., 2014). They are cheap, low pressure, easy to implement and require positive feedback to others. There is evidence of DOIs working against health bodies with teenage drug use and anti vax movements. The downside to DOI campaigns is that exposure of an idea is essential to transference of the idea.

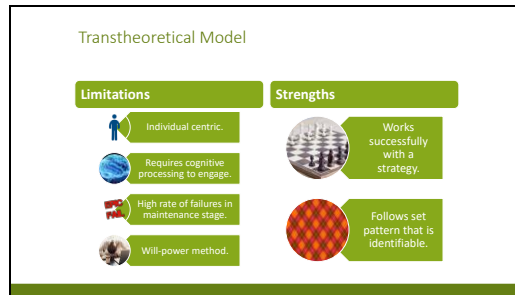
Networks are essential to keeping good ideas or campaigns alive.

Slide 13

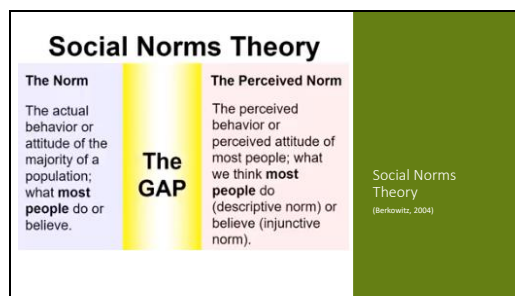


The TTM applies stages to the cognitive processes of the individual. The simplest way to explain these process is by sing an example. Telling smokers they are at risk of death by cancer encourages precontemplation, with enough cues this will escalate the amount of effort the individual will apply to changing the behaviour. Maintenance of the behaviour can be undermined if the correct research is not performed by the individual or if the correct information is not disseminated to them. This would mean they can stop the model at any stage, and have to restart the process. In some diagrams it is represented as a cycle, but this is misleading as the behaviour change is ultimately intrinsic, and so the individual has to start at the precontemplation stage, regardless of the stage previously reached.

Slide 14



Slide 15



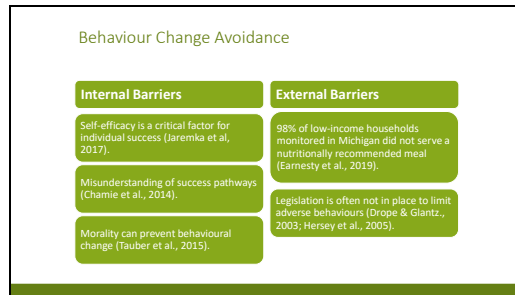
Social Norms Theory challenges the misconception between statistical actual normality and the perceived normality of the demographic. The objective of SNT campaigns is to highlight the actual behaviour in order to make the perceived behaviour and the actual behaviour congruent.

Slide 16



Education of a demographic is very simple and easy to do, from online consent awareness courses to poster campaigns informing individuals of the desired behaviour. They can be reasonably cheap. Some limitations of SNT include monitoring of the change to the desired behaviour, as the misconception can be defended by participants. Deviant behaviour can also limit how successful a campaign can be.

Slide 17



There are many internal and external barriers to behaviour change. Participants can become defensive when cognitive dissonance challenges beliefs they have previously held. Other limitations include the fact that the undesired behaviours are usually a product of advertising by a company, such as smoking or over eating. As I will show later on, companies have a far higher budget, and the benefit of legislation to compete with health campaigns.

Slide 18



The first point here recognises that individuals develop bonds with characters and are more easily persuaded to change behaviours, either through emotion, or recognition of the characters point of view and motives. The study in question by Bekalu et al. found the opposite, that factual texts raise awareness and increase compliance, so further research needs to be carried out using the methods prescribed in their paper. The second point highlights the difficulty health organisations have in establishing trust with the public. It is imperative to establish trust in order to gain traction with a campaign, as they can easily be undermined from outside, however brand recognition from private companies is better. They argue that involving children in branding of their personal food and recycling choices encourages them to partake in both. Nabi et al. noticed an increase in sunscreen usage after participants posted a video *Dear 16 Year Old Me*, about melanoma. The results taken

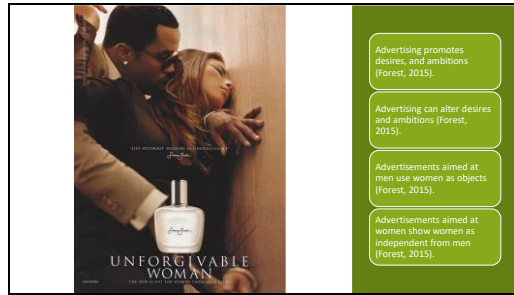
were after a week so long term study would be necessary to determine the longevity of the behavioural change. In a study of adolescent reactions to smoking campaign videos, humour was found to be less effective than fear in encouraging behavioural change. *The Real Cost* campaign shows teenagers buying cigarettes, the clerk tells them the money they have isn't enough and so one removes a tooth with pliers and another peels skin off the side of their face as payment. The clerk then tells them they will see them again before the stop smoking messages appear. The reactions in participants supports evidence that fear is a stronger motivator, with reference to additional cognitive processing and emotive reactions in participants although humour is also shown to have a slight motivation.

Slide 19



Whalen et al. state advertisers promote their products under the guise of a "Health Halo" where healthier choices are offered as part of a food bundle, or the phrase "Packed with nutrients" is used, when in reality consumers rarely choose the healthier food bundle, and the phrase is misleading, as the food is still not nutritionally balanced, or contains the minimum required nutrients, with an imbalance of sugars and bad fats., to make the claim.

Slide 20



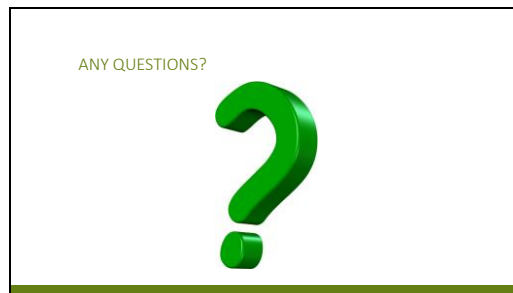
Forest posits that advertisements are constructed as dreams, and so unlock deeper subconscious fantasies. The portrayal of “perfect” men and women and “perfect families” in advertisements promoting food, drink, and luxury items are related to psychoanalysis, stating that advertisements sell products on what we believe we want, because of the advert, or patent and latent desires. This theory gains traction with the addition of branding principles such as jingles, tag lines and “vague” promotional aspects of the messaging which is developed through conditioning of behaviours. Many adverts loosely adhere to these confines, but none more so than fragrance adverts, which have to sell an experience of the scent. Associations become very dreamlike and hazy within these commercials, attempting to both identify what is being sold and selling an aspiration to achieve the life of the people within the advert. He does identify that selling one individual product is easier than selling a lifestyle change.

Slide 21

Conclusion	
Health Belief Models need to be coupled with strategies.	Successful campaigns should reach and change behaviour for at least 5% of the target demographic.
Moral ideals, rather than moral values should be challenged for higher rates of success.	Health organisations financially struggle competing against corporate bodies.
Trust must be cultivated carefully over time.	Legislation could possibly be introduced to prevent misleading information being advertised by companies.
Ethics are fluid and depend on demographic choice. Not all advertisements will work for all people.	Many kinds of psychological theories are implemented during a campaign, from the HBMs to cognitive psychology.

In conclusion, successful campaigns usually have a 5% demographic increase in the desired behaviour, although very successful campaigns can have up to 100% of a demographic changing. Successful campaigns use a combination of HBMs and strategy to affect change in the chosen group, and can sometimes use a range of cues and psychological techniques to pass along the required information. More research is required on the SCT, SNT, and DOI models to establish how successful each one can be. Ethically speaking it is difficult for governments to outlaw behaviour or dangerous products due to free markets and free will, and so simply focussing on educating those choices with factual and trustworthy information is paramount to remaining trustworthy.

Slide 22



Thank you for your time, has anybody got any questions?

Slide 23

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Link to PowerPoint: [How successful health campaigns use psychological theories.pptx](#)

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