



COMMUNICATION FOR HEALTH AND WELL BEING

The aim of this lecture:

- To explore pro-social and educational media in informing and improving an individuals` health and well-being.



1. Health communication



- Health communication(HC) is defined as the use of communication strategies to inform and influence personal and community decisions to improve health
- HC has two distinct areas
- Interpersonal and group communication in clinical settings
- Mass media health messages (including the way in which we search for and use information) and how risk information is disseminated.
- WHO defines 'health' as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Historical background



- Reports of the first mass media health campaign came from America in 1721 with the smallpox epidemic. Thousands of pamphlets were issued at this time.
- Health care emerged in the US and Western Europe in the twentieth century and influenced the development of health communication as a discipline.
- In the 1950's scientific advances led to the development of the medical model which largely ignored the role of communication and the patient, the approach was more concerned with the treatment of disease as opposed to preventative education (Thomas, 2006).

- In the 1970's due to a back lash from many countries, the emphasis shifted to the Doctor patient relationship, which paved the way for improvements to health communication in general.
- Mass media campaigns grew significantly and posters, pamphlets and billboard advertisements became the norm.
- One example is the anti-alcohol campaign in Poland, and more recently the use of television and internet to communicate to the general public.
- The focus has shifted from treatment to disease prevention and education.



Some questions...

- 1. What techniques are effective in raising public awareness and promoting engagement in general health issues?
- 2. What techniques are effective in raising public awareness of health issues and helping people talk to their friends and families?
- 3. What are the best ways of raising awareness of various health issues and what is the impact on the individual?
- 4. What are the key features of successful campaigns?

eHealth interventions and social media.

- A representative survey in Australia found that people preferred to receive eHealth information through the device that they were most familiar with.
- There is likely to be a range of inter-relating factors affecting how eHealth interventions work, including design features, social support, peer pressure, and information sharing practices.
- Little is understood about these factors or to what extent any changes observed are sustained, although simple interventions that are easy and quick to use appear to be more effective at changing behaviour.
- Social media has the potential to increase engagement and enable debate and discussion, as well as create virtual social networks.
- However, there may be unintended consequences and risks - generally, challenges include evaluation of social media-based interventions in diverse communities with different concerns and uncertainties about how to design features to sustain engagement and behaviour change.

An overview: 7 main functions

- Mass health campaigns usually aim to do/have the following-
 1. Directly educate to bring about change or the adoption of new behaviours
 2. Reach large audiences (heavily funded)
 3. Use multi communicative approaches
 4. Change awareness, attitudes, beliefs, actual or perceived social norms, improve self-efficacy to change behaviour
 5. Government, professional or advocacy sponsored
 6. Part of a broad social marketing campaign
 7. Change public policy

Social marketing campaigns are selling health behaviour (Wartella & Stout, 2002).

- When used for health campaigns, social marketing campaigns involve the following steps:
 1. A swot analysis to assess the campaign environment
 2. The identification and analysis of the target audience (TA) and SEGMENTING based on common characteristics
 3. Identification of goals and objectives
 4. Determine strategies under the four 'P's – product, price, place and promotion
 5. Planning for the implementation, monitoring and evaluation of success (Kotler & Lee, 2008)
 6. These steps are based on theoretical models such as Schiavo, (2007); Bromley (1997) and Lorber & Moore, (2002)

The four 'p's



- Product- what behaviour does the campaign aim to influence or change?
- Price- what are the likely physical, social and psychological costs of adopting the behavioural change?
- Place – what is the likelihood of the desired response- what is the availability of the target audience?
- Promotion – how is the message packaged? How effective is the chosen method?

Key elements of the HC campaign



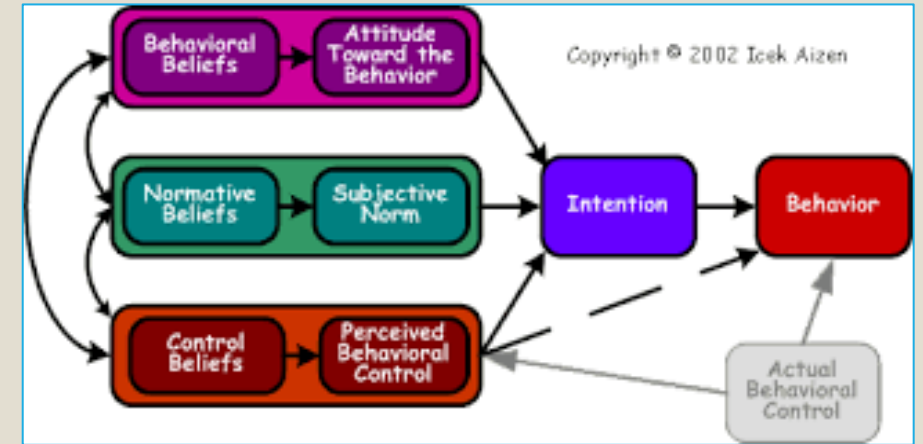
- TA – target audience. The identification and segmentation is key, as you need to know your audience inside out if your campaign is going to work (Schiavo, 2007).
- Things to consider are-
 - Age, race, gender, language, marital status, literacy level, needs, values, attitudes, social norms, behaviours, barriers to behaviours, geography, transport, SES, education, professional status, lifestyle, culture and religion.
- Example- the Croatian Ministry of Health and World Bank; The Health System Reform Project – to reduce the rate of C- V disease. The campaign had to address common risk factors in a country with devastating financial and political instability (Ana, 2004),
- Their goal was to make the campaign easily recognisable via ‘national smoke out days’ and large gatherings for ‘health breakfasts’.

Primary and secondary TA's and segmentation

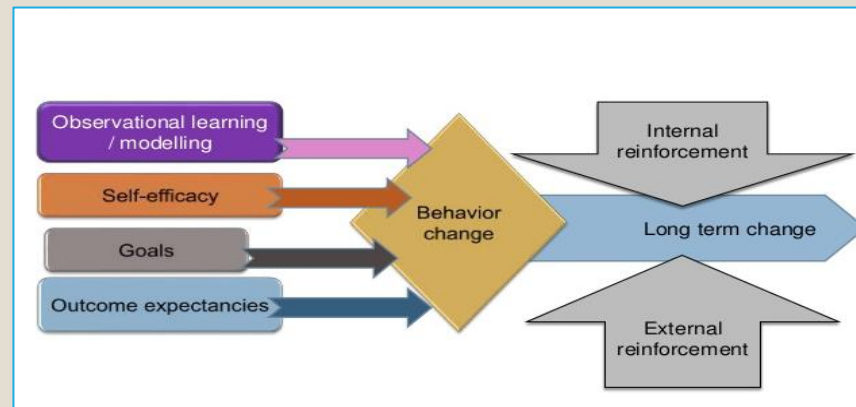


- Primary TA – the people you directly want to influence
- Secondary TA – the people who influence your primary TA
- Campaign strategists recognise that sometimes it is more effective to target the secondary TA
- Example – NY City restaurants were the secondary audience and banned from using trans-fats. The primary audience was the general public and the goal was the reduction of obesity (Angel, et al., 2009)
- Another example- medical practises In Australia were targeted to inform regarding Chlamydia although primary audience was general public and the reduction of chlamydia (Smith et al., 2008)
- Segmentation remains problematic given audience diversity- which features do you focus upon? (Slater, 1995)

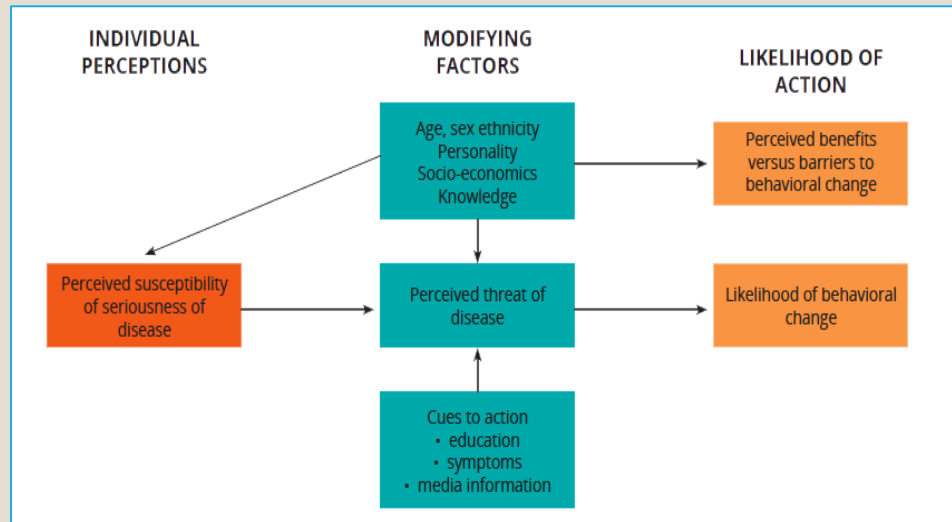
Role of theory



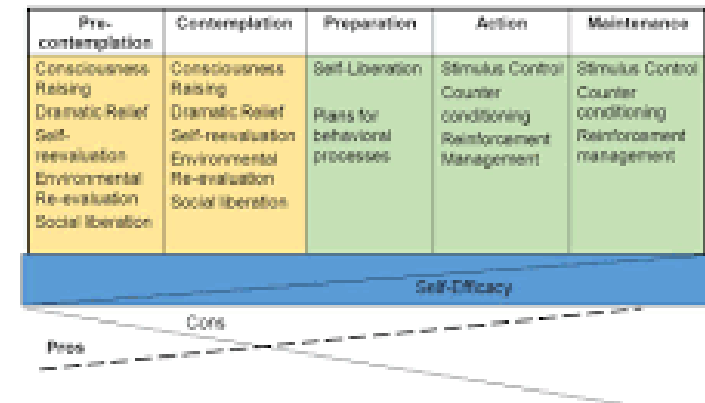
- The Theory of Planned Behaviour and the Theory of Reasoned Action – are behind changes in attitudinal beliefs, perceptions and social norms, as they propose that behavioural change comes from these.
- Segmenting and self-efficacy is derived from Social Cognitive Theory, which states that people model their actions and self-efficacy from the observation of others.



- The perceived preventability and cost of alternative behaviours is based upon the Health Belief Model, where individuals weigh up the risks, benefits and barriers to change, before making a commitment to change.
- The Transtheoretical Model (Prochaska, DiClemente & Norcross, 1992) is also a widely recognised model for segmentation and behavioural change.



Transtheoretical Model



Theory of Planned Behaviour/ Theory of Reasoned Action

Deliberate processing of available information in the form of intention

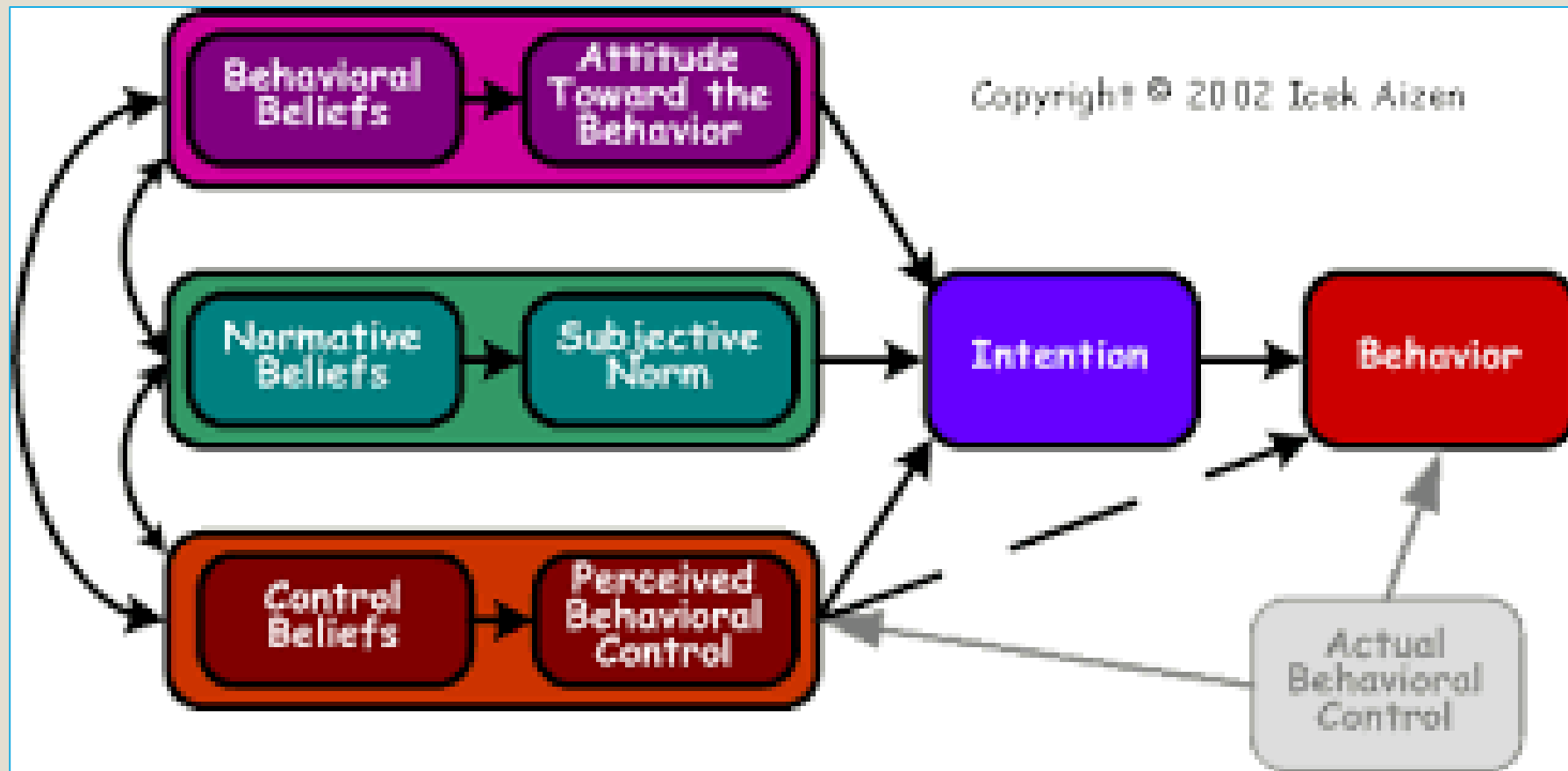
Based on the concept that attitudes guide behaviour and the intention to perform a particular behaviour.

The model also includes perceived behavioural control (PBC) which is taken as a direct predictor of behaviour and an indirect predictor of behaviour via intention.

The other determinant of intention is subjective norm (SN). This relates to an individual's belief of how other persons think they should behave. This is a form of social pressure that individuals feel to perform or not perform an action/behaviour.

The theory also allows for feedback loops from behaviour- ie unanticipated consequences or reactions can change beliefs, intentions or actions.

Theory of Planned Behaviour:



Health Belief Model

The HBM focuses on two elements of an individual's representations of health and health behaviour- threat perception and behavioural evaluation.

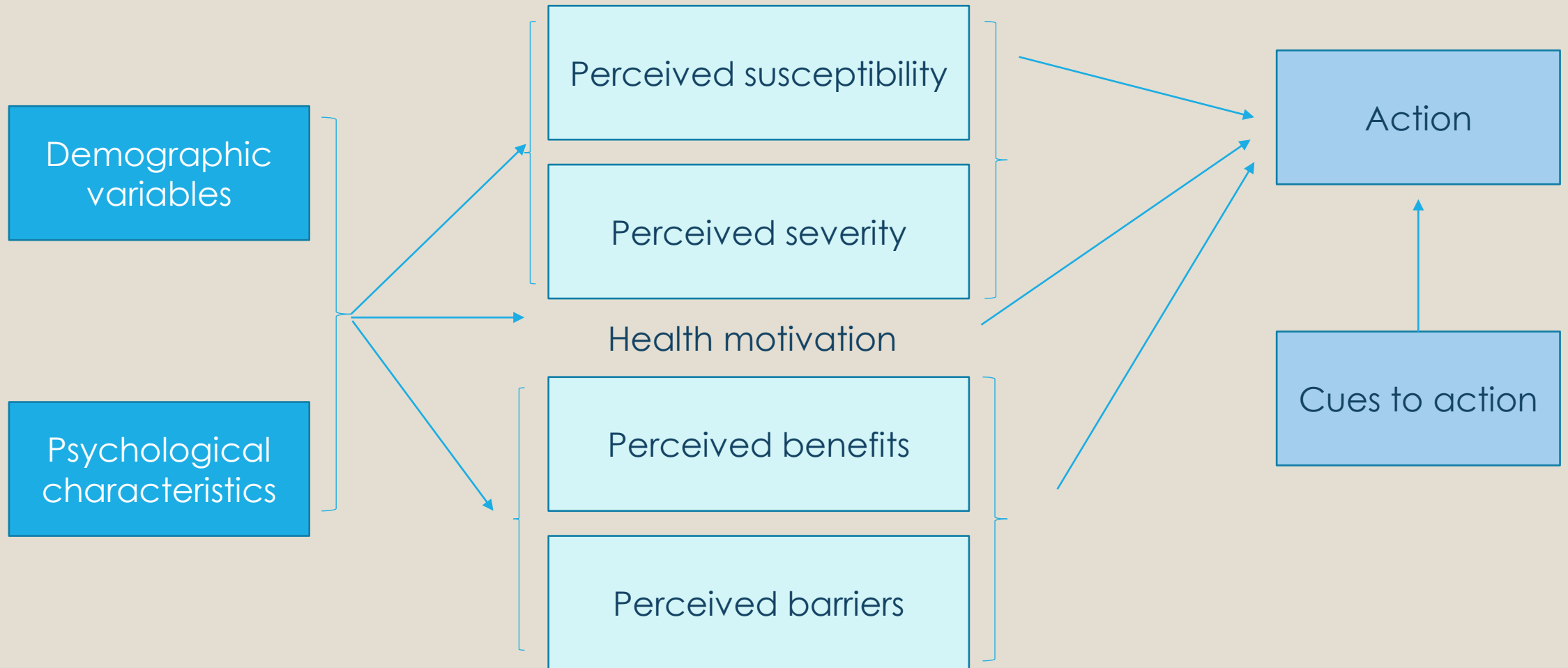
Threat perception is constituted of two key beliefs- perceived susceptibility to illness/health problems and anticipating the severity of the consequences of illness.

Behavioural evaluation also comprises two elements- beliefs concerning the benefits/efficacy of a recommended health behaviour and beliefs regarding the costs/barriers to enacting the behaviour.

In addition, the model proposes that cues to action can activate health behaviour when appropriate beliefs are held.

These cues can be triggers such as 'perceptions of symptoms', 'social influence' and 'health education campaigns'.

Health belief model



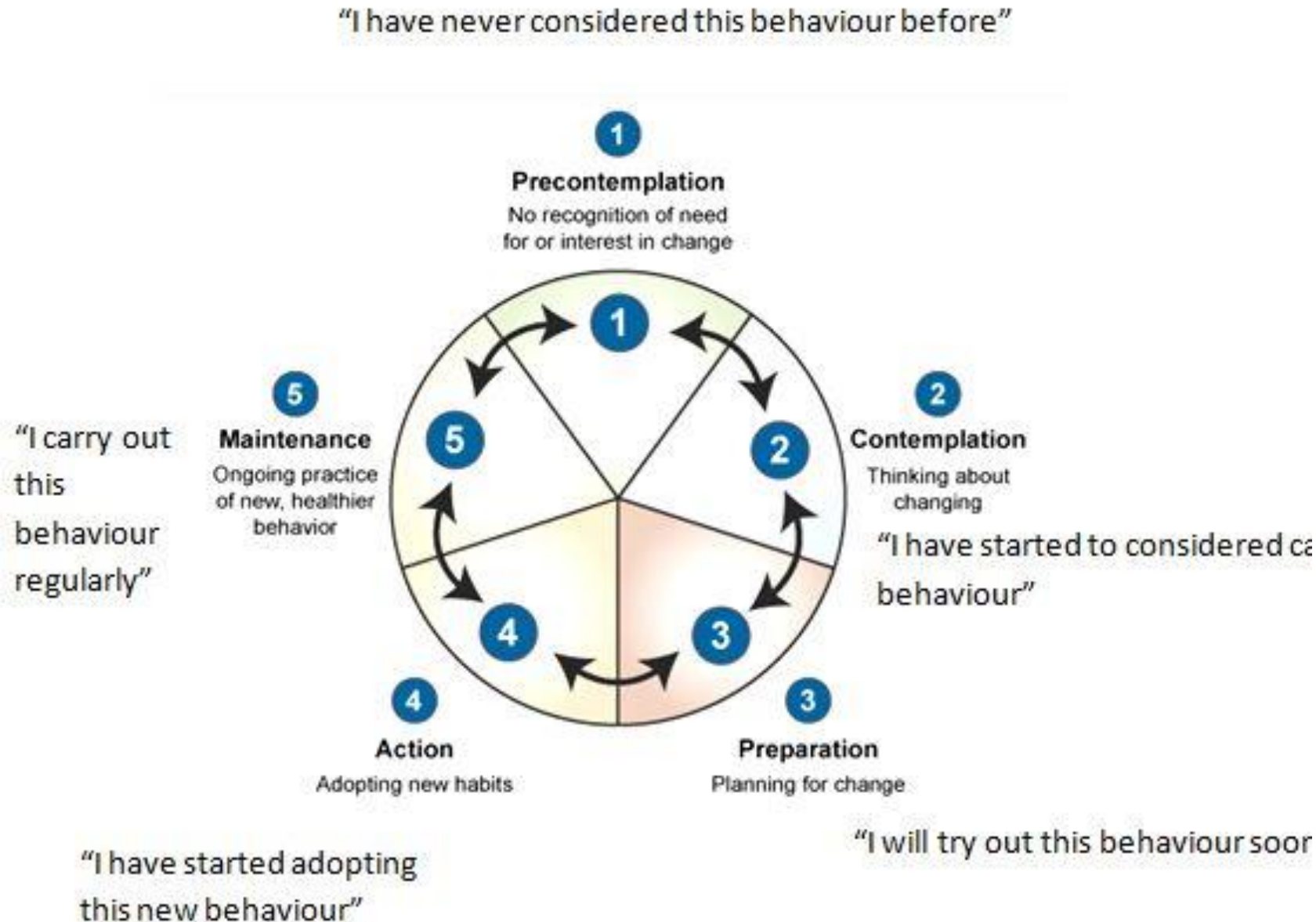
Transtheoretical Model

A dominant stage model in health psychology, with one of the first applications applied to smoking cessation.

The most widely used version of the model uses five stages; pre-contemplation, contemplation, preparation, action and maintenance (some models add a termination stage). The first three stages are pre action and the last two are post action.

Although individuals are assumed to move through the model in sequential stages, they can be prone to relapse and may cycle before permanent change occurs.

Transtheoretical model



Objectives and expected outcomes

For a successful campaign, there should be early agreement on the expected outcomes. There should be well defined objectives, communicated in a strategic manner in order to make this possible (Schiavo, 2007).

Health campaigns aim to influence behaviour, but although this is the final goal, there are several stages recognised before an individual commits to new behaviour – it is essential that campaigns account for these stages in attitude, knowledge, social norms, perceptions of risk etc. It is important that these stages are part of the campaign objectives (Lederman et al., 2008).

Types of behavioural change

Begin with the healthy
behaviour OR

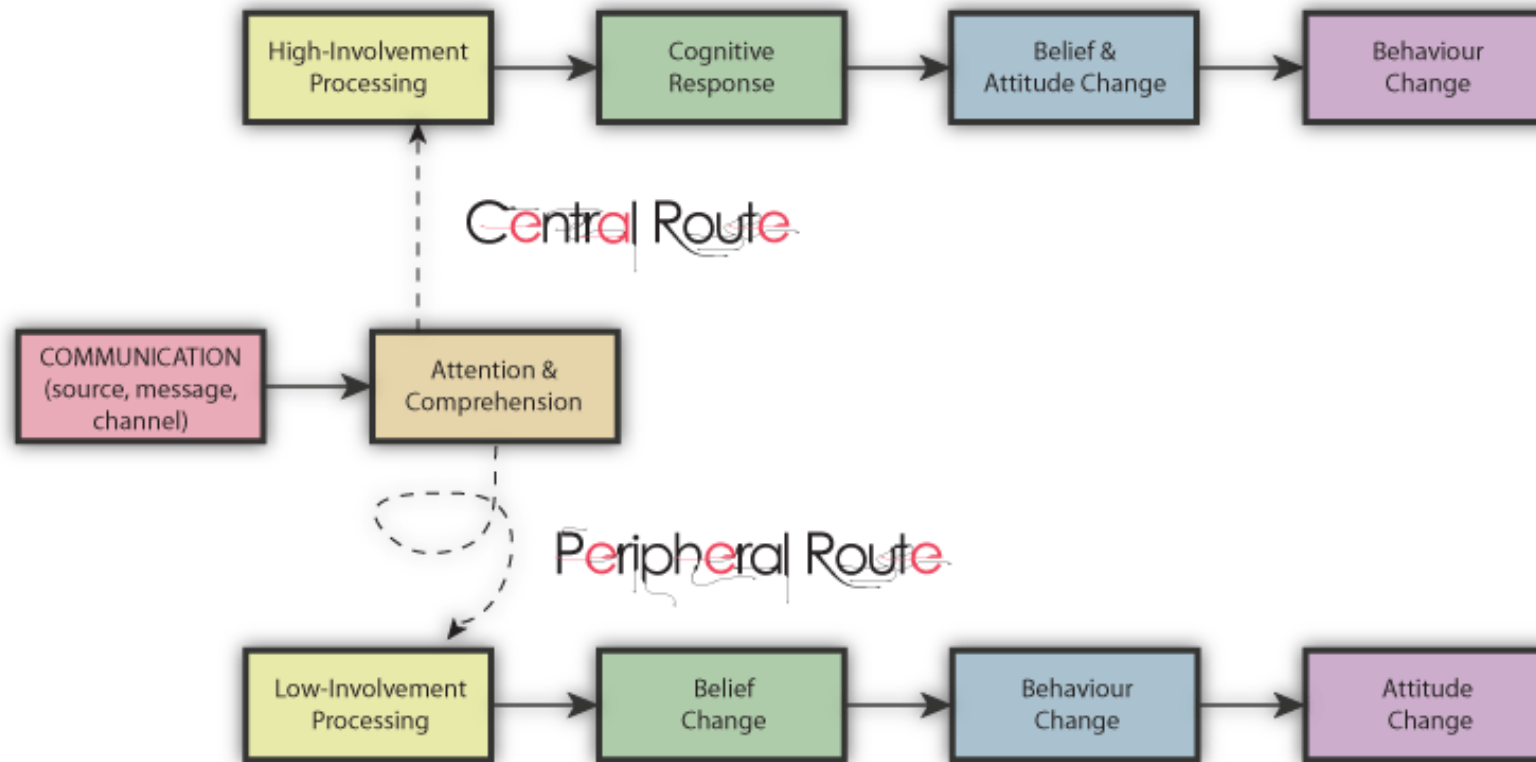
Cease the unhealthy
behaviour OR

Substitute one
behaviour with another
OR

Promote the elimination
of risky behaviour

Many behaviours are
the result of lifestyle
choices which in turn
are influenced by
society and community.

It is essential then, that
these changes must be
targeted through both
individual messages
and societal appeals
(Siegel et al., 2008).



Outcomes and Theory

- Therefore, it is necessary to ask-
- Are the theories of behavioural change influential at an inter-personal, individual or societal level?
- Individual change is often met by the use of the TPB, TRA, HBM, TTM, the Extended Parallel Processing Model, ELM and other IPA models.
- At an interpersonal level, Social Cognitive Models and The Two Step Flow Model are useful.
- At a societal level the Diffusion of Innovations Theory (Rogers, 2003) may be applicable.

Diffusion of innovation model

Diffusion of Innovation (DOI) Theory (Rogers, 1962), is one of the oldest theories. It originated to explain how, over time, an idea or product gains momentum and diffuses through a specific population.

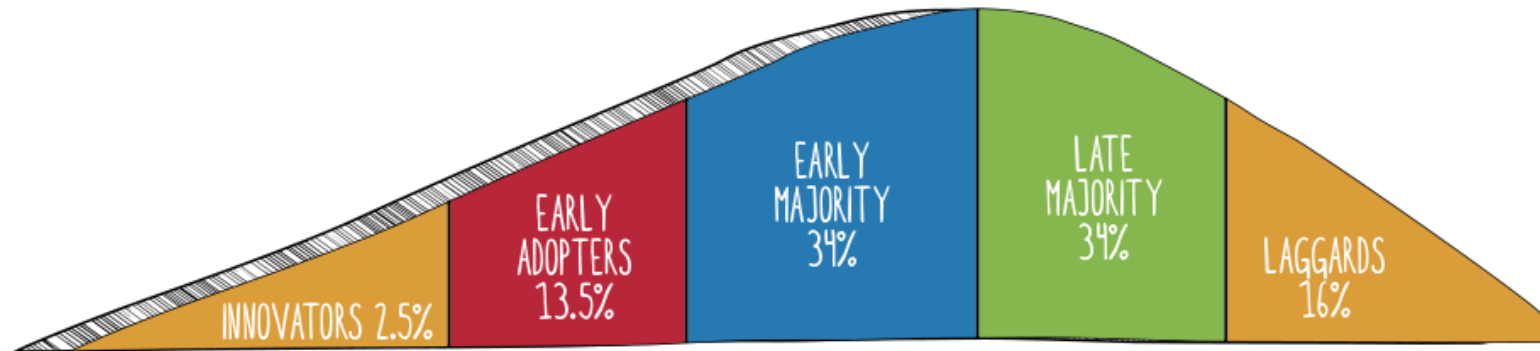
The end result of this diffusion is that people adopt a new idea, behaviour, or product. Adoption means that a person does something differently than what they had previously. The key to adoption is that the person must perceive the idea, behaviour, or product as new or innovative. It is through this that diffusion is possible.

Researchers have found that people who adopt an innovation early have different characteristics than people who adopt an innovation later. When promoting an innovation to a target population, it is important to understand the characteristics of the target population that will help or hinder adoption of the innovation.

There are five established adopter categories, and while the majority of the general population tends to fall in the middle categories, it is still necessary to understand the characteristics of the target population. When promoting an innovation, there are different strategies used to appeal to the different adopter categories.

Diffusion of Innovation Model

DIFFUSION OF INNOVATION MODEL



ESSENTIAL MARKETING MODELS [HTTP://BIT.LY/SMARTMODELS](http://bit.ly/smartmodels)

General learning model

3 types of internal state influenced by personal & situational variables

Cognitions – thoughts, schema & attitudes
e.g. seeing a pro social media scene might increase pro social thoughts which could lead to pro social behaviour

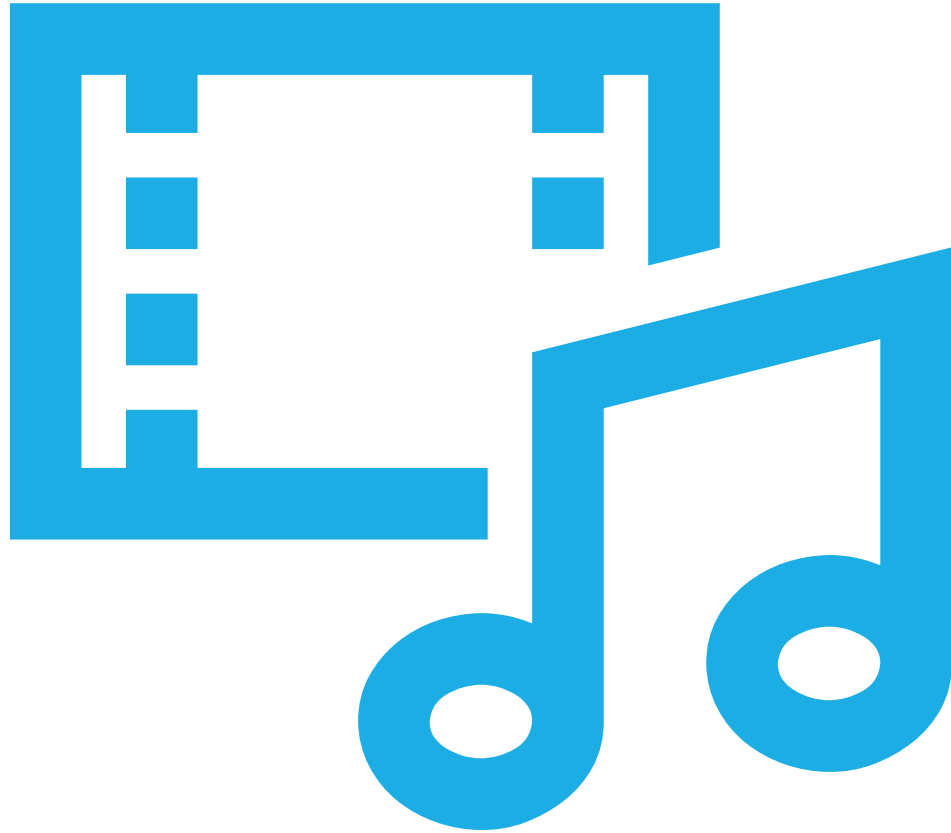
Affect – our mood & emotion
e.g. mood can increase the processing of info or we may pay more attention to info which matches our mood

Arousal – too much = can inhibit new learning
too little = boredom & little attention paid to the media

The 3 are interconnected e.g. how we feel (affect) will influence our cognitions (how we think) & arousal levels influence how we think & feel

These 3 influence our appraisal & decisions which lead to our behaviour
The more cycles of this process we have – the more it becomes part of our knowledge base & then used in future situations

- A meta-theoretical framework integrating key ideas from other models, such as the social cognitive models, cultivation theory, desensitisation theory and information processing theory.



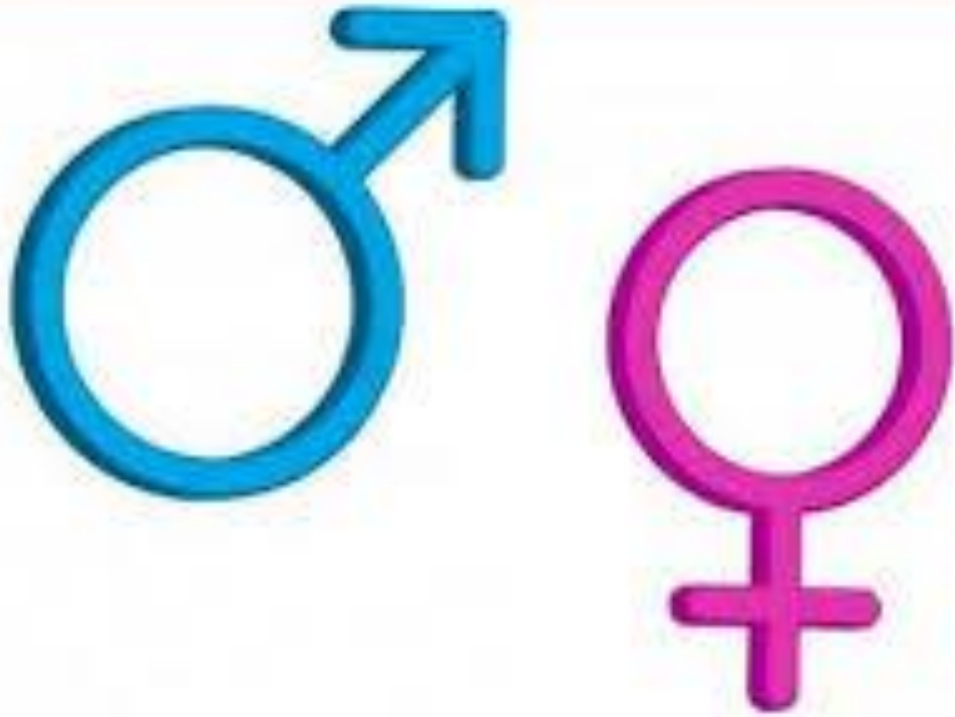
Types of media

- The media selected should be the most effective way to reach the TA and offer the opportunity for individuals to notice and remember
- Hornick (2002) argues that not enough emphasis is placed upon **HOW** the message is communicated and that this is crucial
- You want to aim for **MAXIMUM SATURATION**
- Whilst TV, radio, newspapers etc have been the traditional route, the emphasis is now on the internet and social media
- The internet/social media is different for important reasons-

Interactivity, customisation, user tracking and segmenting (Pavlik, 2001)

- One campaign can produce unlimited space for content, technically tailored for different audience segments, attract differing people and different communication needs (Duffy & Thomson, 2009).
- Another key advantage is that it can create an integrated image in the minds of users and make it more memorable; much more readily than with traditional media.
- Moreover, it can utilise different formats; music, video, images, texts, sound, hyperlinks etc.





**Improving Sexual Health
and Reproductive Health**

Bailey et al., (2010)

- The key advantage of the internet is that it allows for the message to be displayed, interacted with, actively engaged with and provide and receive feedback.
- Bailey et al., analysed 15 RCT's of internet based interviews between 2007 and 2010 aimed at improving sexual health. They found that people rated the use of the online source as effective for education and learning, but the results were mixed for an effective tool for behavioural change. They concluded that more research needed to be gathered for efficacy rates.
- A word of caution however, the internet may not be suitable for every message- it still depends on the nature of the message and the TA...

Assumptions of Cultivation Theory

- Television is unique because it is **pervasive**.
- The pervasiveness of television gives it the power to **establish the cultural mainstream**.
- Television cultivates **broad assumptions** as opposed to specific attitudes.
- Television is a medium of **conservative socialization** (it reinforces cultural norms and practices).

The impact of theory and culture on media type

- Cultivation theory (Gerbner, 1994) and Social Cognitive Theory (Bandura, 2001) can be applied to many media, and in particular for entertainment type education
- Think of the role of newspapers- which ones are viewed as elite?
- Who and why do people use the internet... who are active and inactive users?
- Think of culture - who uses smart phones the most?

Media messages

- According to Atkin (2001), media messages can be perceived as offensive, boring, stale, confusing, irritating, misleading, irrelevant, useless and so on!
- We have to get it right!
- What does psychology tell us about the Psychographics of the TA?
- We know that sensation seeking personalities are more likely to process messages differently (Lang et al., 2005). Why?
- Likewise, cancer communications evoke specific responses to risky behaviours (dependent on sensation seeking; Stephenson & Southwell, 2006)
- The main purpose of pro-health media is to sell a pro-health attitude, therefore attention must be directed towards both **STRUCTURE** and **CONTENT** of the message (strong, fast paced, emotional and factual)

Negativity Bias: Some Consequences

- Negative stimuli get more attention and processing.
- We generally learn faster from pain than pleasure.
- People work harder to avoid a loss than attain an equal gain ("endowment effect")
- Easy to create learned helplessness, hard to undo
- Negative interactions: more powerful than positive
- Negative experiences shift into implicit memory.

Negativity bias

- People tend to give negative messages more weight. Why?
- According to Herr, Kardashian & Kim, (1991) negative messages are more diagnostic than positive ones and bad news attracts more attention than good. This is because a negative message is associated with a single (presumably bad) outcome, compared to positive messages which can have a number of potential outcomes
- Moreover, we spend more time reading bad news than good (Zillmann et al., 2004)

Fear appeals



Pervasive messages that arouse fear have been around in health campaigns since the 1950's



In general the stronger the fear appeal, the greater the change in attitude, intention and behaviour (although this finding is weak; Witt & Allen, 2000)



Why? Scaring people can be counterproductive. A message must also provide self-efficacy, if too fearful, this will not occur



If the message is overly negative or fearful, it can result in poorer cognitive processing, particularly if disgust and fear are both present together (Leshner et al., 2010)



Finally, theories regarding discrete and dimensional emotions are also useful to explain how emotions are evoked and how we process them (Bolls, 2010)

Effectiveness and evaluation



- According to Watson (2004), evaluation is the key to an effective campaign. Campaign evaluations have three main functions-
 1. To determine the degree of reached objectives
 2. To help designers and researchers know how and why it worked (or didn't)
 3. Provide information to plan effective future campaigns (Valente, 2001)

Evaluation-

A major problem with HC's is that evaluation is only developed at the end of the planning process. This is flawed because?



All evaluations should include-

Key theoretical assumptions and modes of delivery	Expected outcomes clearly identified	Research objectives	Methods for data collection and analysis	Awareness of existing barriers and means to overcome them	Implications for future programmes
---	--------------------------------------	---------------------	--	---	------------------------------------

Measuring behavioural change



- Salmon & Murray- Johnson, (2001):
- The time of measurement is crucial
- Why?
- Changing in social norms takes place at different rates dependent on campaign
- Also, what changes?
 - Knowledge
 - Attitude
 - Social norms
 - Behaviour

Findings from the UK

- In the UK research suggests that effect sizes for mass media campaigns are around 5% (Snyder, 2007)
- Examples of these are-
 - Seat belt 15%
 - Dental care 13%
 - Reduced alcohol intake 11%
 - Drug use such as marijuana 1 – 2%
- Why?
- Meagre resources, poor conceptualisation of campaigns and narrow strategic approaches (Atkin, 2001)

2. Pro-social education, children and adolescents

Although much of media content is aimed at children, it does not necessarily have the child's best interests at heart.

As a result, a number of regulatory bodies exist to impose stringent guidelines and requirements in terms of educational and pro social programmes in order to serve the needs of children.

Between the mid 70's and late 90's fines were introduced if broadcasters failed to meet these legal obligations.

The core educational requirements include-

Education with a significant purpose of addressing the needs of the child under 16.

The media is labelled as educational and aired between 7am and 10pm, with a regular schedule of at least 30 minutes.

Pro-social media

- Most programmes that are aimed at children can be seen as pro social, usually addressing issues such as encouraging children to feel good about themselves, about others and how to get along with others (Jordan, 2004).
- However, many have argued that entertainment media is ANTITHETICAL to learning (Healy, 1990).
- Others, though have argued that entertainment is linked to creativity, language learning and school related learning (Anderson et al., 2001).
- One example is Sesame St, which was originally aimed at bridging the gap between those families that had access to preschool in 1969 and those that did not.
- Sesame St showed children as actively engaging in learning and pro social activities.
- From Sesame St, clever experiments demonstrated that if children do not understand the content they stop watching, and also that children learn if mother is present whether or not she decides to take part (Wright et al., 1990).



Defining pro social media

- What does it mean?
- Difficult to define?
- What does it promote?
- Altruism, friendliness, acceptance of diversity and co-operation
- In adults, definitions include: calming fear, engaging in safe sex, eating healthily etc.
- Any definition involves some level of value judgement, but for the purpose of this lecture we include

‘Content which benefits other persons or society at large’ (Lowery & Defleur 1995, p354).





- The landmark studies of the 1970's were important because much of children's emotional and social skills are linked to their academic success (Wentzel & Asher 1995).
- Developmental psychologists propose that children have a set of emotional competencies that determine how they think and handle their own and others emotions (Saarni, 1990).
- However, they are also influenced by their temperament and their environment.

- Content analysis noted that in 1970's and 1980's TV, children's preferences were for programmes such as Lassie and The Walton's; programmes that focused on the portrayal of empathy, altruism and those exploring feelings.
- Unfortunately however, these programmes did not make as much money as feature length advertisements designed to sell products, therefore their presence declined.
- Although the FCC guidelines eventually reversed that decision, it took a long time.
- Now, around 73% of programmes are altruism focused (Smith et al., 2006)
- BUT it is important to note that pro social TV effects decline after the age of 7 yrs, therefore we need to consider age differences in viewers and their preferences.

Pro social media content

- We are working on the assumption that kind, co-operative, responsible, altruistic characters provide 'models' for children.
- We need to establish whether these will provide children and adolescents with the skills to manage and negotiate their emotions.
- According to Thomas (2005), children will imitate IF:
 - Characters are realistic
 - Similar to the child's age and gender
 - The characters behaviour is positively reinforced
 - Imitation is achievable by the child.
- Others argue that as children's morals develop, they encompass the motives of others and are able to judge them and apply their relevance to their own situations.
- These programmes provide scripts to deal with unfamiliar situations; Cultivation theory reports that overtime, heavy TV viewers adopt beliefs about the real world that are consistent with their TV world (Mares, Braun & Hernandez,2012).

- In line with Piagetian findings, child audiences can recognise the feelings of characters by age 7, 3-5yr olds can see feelings but not empathise with them, and by around 9-11 yrs children can display actual physiological arousal of TV characters' fears (Wilson & Cantor, 1985).
- Calvert & Kotler (2003) found that children learned more from pro social media than educational media, and more specifically, they learned how to identify emotions and apply them to their own lives.
- Prot et al., (2014) reported findings of two studies. In the first (with young adults), pro social media was positively associated with helping behaviours, was mediated by empathy and similar across cultures. The second study (with children) showed significant longitudinal effects of pro social and violent video game use on pro social behaviour through empathy: change in video game use affected change in helping, which was mediated by change in empathy. No gender differences were noted.

The evidence base- empathy

The research base- altruism



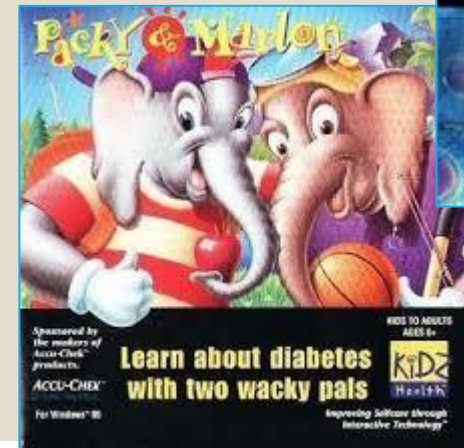
- The early research on programmes such as Lassie compared to other neutral or competitive programmes are twice as likely to help (Sprafkin, Lieberman & Poulos, 1975)
- Mc Gonigal (2012) argues that even playing video games and computer games can encourage altruism, particularly with games such as `FreeRice.com which encourages children to spell and improve vocabulary and fosters altruism by donating rice to the World Food Programme to help end hunger.
- The programme Barney & Friends has also been extensively studied, as a big purple dinosaur emphasises kindness and good manners. Singer & Singer (1998) found that in day care centres, children who viewed Barney compared to a control group, were rated as having better manners and being more civil.

Limitations of research

- Mares & Woodward (2012) argue that there are many unanswered questions as to how to design specific pro social content.
- What pro social content is best for what age?
- For example- Krcmar & Curtis (2003) randomly assigned 5-14yr olds to 1 of 3 conditions
 - 1. action cartoon with eventual violence
 - 2. action cartoon but with an argument and walking away
 - 3. control group who did not watch TV
- They then listened to 4 hypothetical violent stories. Children who had viewed the original violent content, were far more likely to rate the violence as morally acceptable. They also exhibited less sophisticated moral reasoning.
- But importantly, this study demonstrated that we need to allow for differences in levels of moral reasoning by age.

Pro social media and adolescence

- Because of the drop off in effects after age 7yrs, there are only a handful of studies relating to adolescence, however, Gentile et al., (2009) and others reported great promise for positive effects with interactive media with adolescents, leading to an eight-million-dollar initiative to advance digital games to promote health (www.healthgamesresearch.org)
- Examples:
- Packy & Marlon – two diabetic elephants
- Re-mission – Roxxi a nanobot who blasts away cancer cells
- Dance dance revolution
- The baby game



Sex education



- MTV's "Staying Alive" campaign involves an iPhone app that searches for the nearest condom supplier, and GYT uses text messages to locate nearby clinics.
- Facebook is being used for partner notification in HIV infections (Clark-Flory, 2012)
- The Kaiser Foundation partnered with MTV in 1997 to produce 62 different PSA and 19 full length shows dealing with HIV and AIDS (Rideout, 2003).
- A similar Kaiser study reported that over one third of 15-17yr olds had spoken with a parent about a sexual matter because of something they had viewed on TV. 60% of the same pp's said that they had learned to say 'no' to sex because of their TV viewing.
- The National Campaign to Prevent Teen and Unplanned Pregnancy and Advocates for Youth have run similar campaigns across the country.

Your assessment task:

- Essay question: Using psychological theory and evidence, consider the efficacy of health promotion campaigns within a variety of media sources (e.g. television, internet, social media). 2,000 words
- Due 7th May 2024.

