

## Preface

‘Campaigning for Health’ is the second volume in our *Series on International Media Research*. From different points of view the authors contributing to this book illustrate how the new focus on communication processes has changed research and practical application in the fields of health promotion and health campaigning.

In the past ten years, experts and activists from the health communication field succeeded to innovate and professionalize the practice of health promotion. Today, health campaigning is health *communication* campaigning! Conversely, the health communication discipline changed too. The overall goal of this book is to draw attention to these developments and to familiarize the reader with the ways of thinking that characterize the realities of health campaigning.

Many people have helped to make this book project a success. First, the editor wishes to thank all authors for their contributions and for gracefully accepting editorial reviewing and ancillary guidelines. Thanks also to Pabst Publishing House, and especially to Wolfgang Pabst who with much patience attended professional and technical advice to this project. Susan Paul reviewed the English version of several draft chapters. André Bertels tailored the graphics, charts, and indices, and compiled the press proof of the book. My very special thanks go to him.

*Angela Schorr*

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## Contributors

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Eva Baumann earned a Diploma Degree (2002) and a Doctoral Degree (2008) in media management at the *Hochschule für Musik, Theater und Medien Hannover* (HMTMH). Her doctoral dissertation, published by Herbert von Halem Verlag, Cologne, in 2009, dealt with ‘The symptomatology of acting with media: On the role of media in context of development, disease course, and coping behavior regarding to eating disorders’. Since 2011 Eva Baumann has a Post-Doc position in Hannover, but is presently working on a temporary basis as a Professor of communication at the Ludwig-Maximilians-Universität in Munich. Her major fields of research are health and risk communication, media reception and media socialization research, methods of empirical research, especially combinations of qualitative and quantitative research methods.

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1954 in Taipei City, Taiwan. Chengchi University has more than 16 000 students and about 650 professors, associate professors, assistant professors and lecturers. I-Huei Cheng's present research is focused on ethical leadership and the transfer and implementation of ethical knowledge in public relations, e.g., by empirically studying the relationship between ethicality and message attributes in mass media campaigns, by conducting in-depth interviews with public relations executives and surveys of public relations academics.

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Donna Lloyd-Kolkin has a Master Degree and a Doctoral Degree in communication science and looks back on more than 25 years of experience in health promotion and health communication campaigning. She started her career at *Far West Laboratory for Educational Research and Development* (now WestEd) and co-founded *Health & Education Consultants* (HECC). For some years she also directed the health communication business practice at *Abt Associates*. Presently, Donna Lloyd-Kolkin is one of four partners in the *Catalyst Research & Communication* consulting firm. The planning, implementation and evaluation of health education and health promotion programs are the core themes of her work. Donna became known for her media literacy and health promotion campaigns for children and adolescents (e.g., the '*Safe and Healthy Kids*' campaign in California). In the last fifteen years, she concentrated her efforts on health promotion programs for target groups at all ages. For example, she actively participated as a WHO Consultant in the planning and implementation of the "WHO Vaccination Week 2012".

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Luuk Lagerwerf is a Professor of Language and Communication at the well-known *Vrije Universiteit Amsterdam*. His research is focused on audience effects of news or advertising message designs. Research projects on news texts and framing led him to the new field of health communication. More recently, Luuk's interests in social and cultural diversity topics strengthened his commitment to the new area of health communication research. Together with H. Boer and H. Wasserman he edited

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Michael D. Slater received his Master Degree in communication from New York University in 1982 and his Doctoral Degree from *Stanford University* in 1988. He is Social and Behavioral Science Distinguished Professor at the School of Communication, *Ohio State University*. He has served as a principal investigator of NIH-funded studies of community-based substance abuse prevention efforts, alcohol-related risk perceptions and media coverage, and responses to alcohol advertisements and warnings. Michael also conducted investigations of media coverage and cancer, and persuasion and media effects. He is past chair of the *Health Communication Division* of the *International Communication Association* (ICA) and has served as founding chair of the *Coalition for Health Communication*.

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Angela Schorr is a Professor of Media Psychology and Educational Psychology at the *University of Siegen*. She received her Diploma Degree (1978) and her Doctoral Degree (1981) in psychology from the *Ludwig-*

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Parichart Sthapitanonda has received her Doctoral Degree from *Ohio University*, Athens (OH) and is Associate Professor at Chulalongkorn University's Public Relations Department in the Faculty of Communication Arts. *Chulalongkorn University*, situated in Thailand's capital Bangkok, is the oldest university in the country (founded 1871 and given university status in 1917). It has more than 40 000 students and about 8 000 employees. During the tsunami of 2004 Parichart Sthapitanonda lost all four of her immediate family members, her parents and her two sisters. Apart from her research and teaching responsibilities, since 2002 Parichart continuously held important offices in science management at Chulalongkorn University. Her research in the health communication field is focused on topics like drunk driving, underage drinking and social media, etc. From 2003 to 2006 Parichart Sthapitanonda acted as a consultant for the *Health Promotion Fund*, from 2005 to 2006 she also advised the Thai Ministry of Transportation. In her actual research on public communication campaigns she critically studies the undermining of alcohol control policies and corresponding public health campaigns by the alcohol beverage industry and its new interest in the promotion of corporate social responsibility initiatives.

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Dolf Zillmann started his career in the mid 1950s studying architecture in Germany; with his diploma degree he joined a marketing company in Zürich, Switzerland. There he met his mentor, the communication psychologist Percy Tannenbaum, and followed him to the U.S.A. Dolf studied psychology at the *University of Pennsylvania*, earned his Ph.D. in 1969 and started teaching at the *Annenberg School of Communication*. Two years later he changed to *Indiana University* in Bloomington (IN), where he met his long-standing research partner, Jennings Bryant. At the end of the 1980s, Dolf Zillmann and Jennings Bryant joined the *University of Alabama* (AL). Zillmann's many major contributions to media psychology and communication research include among others the excitation-transfer theory and the mood management theory. Today, Dolf Zillmann is a living legend in the fields of psychology, communication research and health.



## Part One: Introduction

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# 1.1 Health Communication, Health Promotion and Health Communication Campaigns

*Angela Schorr*

## **Abstract**

*Today, the fields of health promotion and health campaigning are strongly influenced by strategies developed in health communication research. In less than fifteen years health campaigning became health communication campaigning. The topic of 'communication' moved to the center of attention in health campaigning research. In this chapter, the development of health promotion, health campaigning and health communication is roughly outlined by defining all three concepts and by shortly analyzing the societal and political context of their joint activities.*

**Keywords:** ehealth, exposure, health campaigns, health communication, health promotion, healthism, medicalization, media campaign, media exposure, social diffusion model, two-step-flow theory

## Introduction

In the year 2010, a representative sample of European citizens participated in a survey entitled *Special Eurobarometer 340 'Science and Technology'*, commissioned by the European Commission's Directorate for Communication. The European Commission had just launched the new *Europe 2020 Strategy* and wanted to assess the attitudes of the Europeans citizens towards science and technology. The findings of the survey give proof of the Europeans' overall positive stance towards science and their interest in new scientific discoveries and technological developments. When asked which area of research should be tackled in priority by European researchers, 40% of the respondents prioritized 'health issues', 21% of them mentioned 'energy issues' and 18% 'environmental issues'. 82% of the respondents stated that they keep themselves informed about new medical discoveries in everyday life. This is good news for health campaigners and the field of health promotion in Europe.

In the U.S.A., health promotion programs and health campaigning are firmly connected to the Public Health sector. Public health interventions are focused on the improvement of health and quality of life. Emphasis is not placed on the individual, but on the on the population, along with primary prevention as a priority. The new field of health communication for the first time became visible outside science through the '*Healthy People 2010*' initiative funded by the *U.S. Department of Health and Human Service* and other national health organizations. Objective 11 of the '*Healthy People 2010*' program explicitly refers to health communication and the basic idea to 'Use communication strategically to improve health'. Along with aligned objectives displayed in European health programs the developments of the last decade provide a good basis to expand the topic of *health communication* and thereby to innovate the fields of *health promotion* and (*public*) *health campaigning*.

The topic of communication, here health communication, is central to the general line of thought pursued in this chapter. The study of *mass media-based communication processes* (mainly fed by theories and research from the communication discipline; with major contributions from sociology, public health and other social sciences) and of *communication processes on the level of the individual* (mainly studied and fed by theories and research from psychology; with major contributions from medicine,

nursing, public health, etc.) presently are two central directions of research in the field of health communication (see Schorr, 2013). In everyday life, communication often proceeds on different layers of mass media-level, organizational- and community-level, and inter- and intrapersonal levels of activity, - some, several or all of them interacting with each other at any time.

A media campaign is a complex series of single interventions especially combining mass media- and interpersonal communication strategies (including conversations, counseling, training, and hands-on activities), run for an extended period of time (see Nöcker, 2010).

The most important ‘*channels*’ for health promotion and health communication campaigns are the mass media, information material generated for editors, the internet, special media events (e.g., organized in schools, at the workplace), and the interpersonal communication.

The idea that interpersonal communication can convey mass media campaign messages has been worked out for the first time in Katz and Lazarsfeld’s *two-step flow theory on the influence of media messages* (Katz & Lazarsfeld, 1955; Lazarsfeld, Berelson & Gaudet, 1944). Hornik’s *social diffusion model of campaign influence* (Hornik, 2002; Hornik & Yanovitzky, 2003) is a good example for an advanced approach to explain the interplay of a campaign’s mass media and interpersonal communication effects. Robert Hornik and Itzhak Yanovitzky (2003) criticize present-day conventional campaign research for a - in their view - too one-sided reliance on the positive effects of direct exposure of individuals to persuasive messages. While the authors suggest that campaigns can ultimately affect individual behavior through institutional change, such as changes in policy (e.g., setting a minimum drinking age, providing women with free access to mammography), they also concede that - always in interaction with the effects of the aforementioned institutional change - campaigns may stimulate ‘discussions among family members, peers, and other members of the community through which social norms and expectations concerning the underlying behavior are clarified’ (Hornik &

Yanovitzky, 2003, p. 209). While expanding the somewhat narrow ‘opinion leader’-approach of Katz and Lazarsfeld (1955), Hornik also elaborates the idea that a campaign can influence a person’s perception or behavior, not only because the person is exposed to the campaign but also because the person engages in campaign-related conversation. As Hwang (2012, p. 121) put it: ‘The campaign activity generates relevant conversation, which, in turn, affects a person’s normative perceptions and, ultimately, behaviors.’

Hwang (2012) tested both models, the ‘*individual exposure model*’ and the ‘*social diffusion model*’ by Hornik, who suggests that campaign effects not only occur on the basis of *an individual’s exposure to a campaign* but also via the above mentioned *institutional routes* (e.g., legal, economic, physical constraints) and *social routes* (discussions stimulated by the campaign in the individual’s social network). Based on the reanalysis of the data of a large anti-smoking campaign (n=10,357 participants), Hwang (2012, p. 134) concluded that ‘the study provides support for both the individual exposure model and the social diffusion model,’ and that both, ‘campaign exposure and campaign conversation explain the unique variance of campaign effects.’

## Health Promotion and Health Campaigns

*Health promotion* evolved from the traditional public health field in the early 1980s as a positive and dynamic health advocacy movement with a strong emphasis on prevention (Kickbusch, 1986; Mahler, 1986).

The *American Journal of Health Promotion* defines health promotion as ‘the science and art of helping people change their lifestyle to move toward a state of optimal health’  
(available from: <http://www.healthpromotionjournal.com>).

Since the very beginning, the World Health Organization (WHO) Regional Office for Europe in the 1980s explicitly included an *empowerment element* to their health promotion approach by defining the objective of health promotion as ‘the process of enabling people to increase control over, and

to improve, their health.’ Thus, the members of the European WHO working group treated health promotion essentially as ‘a mediating strategy between people and their environments, synthesizing personal choice and social responsibility in health to create a healthier future’ (WHO Regional Office for Europe, 1986, p. 73).

Today, healthy public policy all over the world is powered by health promotion programs. According to Korp (2006), empowerment is often said to be its ‘key principle’ and lay knowledge and lay perspectives receive a lot of attention nowadays. Main health promotion strategies are (1) advocacy and mediation between different interests in the society for the pursuit of health; (2) empowering and enabling individuals and communities to take control over their own health and all determinants of health; (3) improving health promotion management, health promotion interventions, programs, plans, and implementation; and (4) partnership building, networking, alliance building, and integration of health promotion activities across sectors.

Generally, campaigns aim to ‘generate specific effects among a large number of individuals within a specified period of time through an organized set of communication activities’ (Noar, 2012, p. 482). In the context of health promotion, several experts have published special treatments of campaign design for health communication campaigns based on instructive theoretical frameworks (see Bonfadelli & Friemel, 2010; Noar, 2012). The communication researchers Bonfadelli and Friemel emphasize the role of communication as an important campaign element and opt for a stringent systems approach to campaigning including the analysis of the campaign context (campaign-input), a careful problem analysis, the identification of (a) target audience(s), the deliberate definition of campaign objectives, the decision for a campaign strategy, the selection of messages suitable as media stimuli, the decision for a certain mix of media channels, and the campaign evaluation (outcome evaluation).

The health communication expert Seth Noar (2012) introduced a new ‘audience-channel-message-evaluation’ (ACME) framework, which was developed to organize the major principles of health campaign design, implementation, and evaluation. Noar criticized, that, while numerous treatments of campaign design principles are on the book market, a discussion of how these principles operate together and interact with each other in one framework is missing. With ACME he wanted to provide a

remedy to this situation. ACME is based on communication/information theory and constitutes another advanced interpretation of the classical ‘transmission model’ by Shannon and Weaver (see Schenk, 2007). It offers a knowledgeable step-by-step instruction on the principles of effective campaign design and evaluation. According to Noar, carefully planned and well-coordinated health communication campaigns are still essential to reach important health promotion and illness prevention targets and as such ‘remain a critical tool in sparking and reinforcing health behavior change across a spectrum of health problems and in a variety of populations’. (Noar, 2012, p. 487)

Both teams, Bonfadelli and Friemel (2010) as well as Noar and his colleagues (2006, 2012; Noar, Palmgreen, Chabot et al., 2009) have reviewed the research on *campaign effectivity* and came to the conclusion that multichannel and multicomponent campaigns are more likely to be effective than single channel campaigns, - not least because increasing the number of channels used also increases the probability to be exposed to campaign messages. According to Noar, ‘both, high *reach* (proportion of audience exposed to campaign messages) and *frequency* (number of exposures per audience member) *of exposure* are necessary for an effective campaign’ (Noar, 2012, p. 485). While criticizing the long-standing ‘mantra’ in the communication field that interpersonal communication is more effective in achieving persuasion than mediated communication, - a belief, that triggered the incorporation of interpersonal components in campaigns, Noar and his colleagues nevertheless recommend the inclusion of these components especially for campaigns attempting to impact *behavior change* (Noar, 2006; Noar, Palmgreen, Chabot et al., 2009). And finally, he and his colleagues came to the conclusion that a ‘long, diffuse campaign is less likely to be successful than a shorter, intensive one’ (Noar, 2012, p. 485)

## **Dilemmas in Health Campaigning**

The richness and complexity of available options for intervention to promote public health concerns might work to the campaigners’ advantage or to their disadvantage. Using the example of an anti-smoking campaign, Martin (2012) explains how uncomfortable mixtures of benefits and costs

can arise: ‘Anti-smoking campaigning can involve messages to citizens, government controls over advertising and taxes, among other options. Campaigning can be directed towards citizens, scientists, the medical profession, politicians and public servants, among others. Coalitions can be built between different constituencies to make a campaign more effective. There is also the question of goals, for example whether to prevent disease or foster positive health. (...) Campaigning is further complicated by the array of options available for intervention to promote public health, including communication, government regulation, designing the decision making context and market mechanisms’ (Martin, 2012, p. 44). Bonfadelli and Friemel (2010) advise health campaigners to take into account that conflicts between contracting authorities, persons affected, and involved stakeholders might arise at any stage of an ongoing campaign. Although this is not always possible (e.g., in the case of the tobacco industry, that cannot become partner in an anti-smoking campaign), they recommend to include stakeholders at an early stage.

Frequently, vested interests complicate the situation because they are difficult to detect. According to Martin (2012), vested interests, which are typically corporate, government or professional groups with a financial or reputational stake in a particular outcome, should not be ignored or underestimated, because they might affect the campaign’s success and the campaigner’s image. ‘Vested interests can use their powerful resources to thwart consensus, discourage opposition or enforce a dominant viewpoint’, Martin (2012, p. 43) warns. He points to the fact that in some controversies, public health campaigners are on the opposite side to powerful vested interests (as in the case of smoking) and in other controversies, vested interests are on the same side as public health campaigners, - as is the case in the vaccination debate. By directed sponsoring of research, for example, pharmaceutical companies that produce vaccines can exert influence on health policy. As vaccination critics point out, research sponsoring can be a useful strategy to nurture the adoption and use of new and possibly unnecessary vaccines (Martin, 2012).

Because high levels of vaccination in a population are an advantage, while adverse reactions including death and permanent disability manifesting itself in a small number of individuals provide a basis for counter arguments, these facts lead to another dilemma: Is it better to admit weaknesses while running a health campaign or should campaigners strictly stick

to positives, e.g., to powerful messages like ‘*Vaccines are safe!*’, thereby taking the risk to lose their credibility? Martin (2012) recommends to acknowledge shortcomings (including the role of corporations and other vested interests) and to attempt to generate an ‘argumentative inoculation’ (i.e., preparing people to be more resistant to counter arguments) by patiently responding to critics.

The limited funding of health campaigning entails another dilemma: Highly effective multicomponent campaigns (e.g., TV spots *plus* Ads *plus* organized events in schools, at the workplace, etc.) include increased costs. The delivery of effective health promotion interventions is limited by the necessity to stay cost-effective. So, many health campaigns are limited in effectiveness as long as no other solutions are found (Evers, 2006).

## **E-Health - A New Venue to Health Campaigning?**

In December 2012 the *European Commission* published the ‘*eHealth Action Plan 2012-2020*’ subtitled ‘*Innovative Healthcare for the 21<sup>st</sup> Century*’ (Commission Staff Working Document, SWD 413, 2012). In this document the EU experts describe *eHealth* as a panacea for many problems in health care. The sustainability of healthcare systems is identified as a priority area ‘which can greatly benefit from the use of information and communication technologies (ICT) by enabling patient empowerment and continuity of care’ (p. 5). The most pressing problems the European working group identified are (1) the increasing public expenditure of healthcare; (2) an ageing population and the growing incidence and prevalence of chronic diseases; (3) the new mobility of patients and health professionals and the shortage of professionals; (4) an increased demand for high quality care; (5) and the growing use of expensive technologies and costly medicines. Strengthening health promotion and primary prevention in this situation is the order of the day.

The EU health experts set their hope on *eHealth*. Trusting that ‘(g)iven the high reach and low cost of online technologies, it may be a good tool for increased public health campaigns that blend interpersonal online systems with mass-media outreach,’ they recommend to improve legal certainty for eHealth, to support research and innovation in the field, and to increase awareness of the benefits and opportunities of eHealth.