

Can mass media campaigns change health behaviors?

Advertising for our own good

Usually when a company launches a mass media advertising campaign, it does so only after a team of consultants and marketing team members has assured the higher-ups that the return on investment (ROI) will be pleasantly high. That is, the ads will have the desired effect and at the lowest cost possible. Those who work in public service, trying to change health behaviors, often hire the same sophisticated teams, but still find themselves in the frustrating position of putting messages out into the world and hoping for the best. That said, it is critical to choose the right message, audience, and delivery to achieve the desired outcomes. Measuring ROI on such health efforts presents a quandary: it's simply too hard to know whether the sight of an anti-tobacco bus ad or insurance company's message to "groove your body every day" during half-time at a sporting event is actually getting viewers to quit smoking or start working out.

That's where Barbara Loken, a professor of marketing at the University of Minnesota's Carlson School of Management, comes in. Along with her co-authors, Melanie A. Wakefield (Centre for Behavioral Research in Cancer, Cancer Council Victoria) and Robert C. Hornik (Annenberg School for Communication, University of Pennsylvania), Loken was able to report in a recent *Lancet* article that such mass media health campaigns can, indeed, have the desired effect—though it does depend on marketing the right behavioral change in the right way.

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What works?

The authors write, "Such campaigns are frequently competing with factors, such as pervasive product marketing,

powerful social norms, and behaviors driven by addiction or habit," so careful targeting and sustained messages over time are particularly important for the agencies hoping to drive change. If the message is not ongoing, behaviors may revert once the campaign ends, so ongoing exposure is necessary to make the behavior change "stick." The messages will also not always directly affect a viewer—they may become effective as they become a topic of conversation even among those who haven't seen the ad or they may help change norms in such a way that pro-social peer pressure does the work among an individual's friend group. Further, as advertising itself becomes more fragmented, agencies must acknowledge that each advertising tactic they take will reach a smaller, more concentrated population. Nevertheless, big, mass media campaigns have the advantage of reaching large segments of the population at relatively low cost per capita, so they are an efficient way to reach people with health messages.

Still, by isolating as much of the "noise"—that is, controlling for many variables including the strong pushes against pro-health messages (think of all of those tempting Reese's peanut butter cup ads or sly product placement in inspirational television shows)—the researchers are able to use their work, which aggregates over 400 published studies on mass media campaigns, to examine a number of spheres of health and the effectiveness of media campaigns to change behaviors in those spheres. Their results range from the clear result that **road safety** (as measured in increased seat belt use, reduced drunk driving, and fewer highway deaths and injury) and **child survival** (in terms of cases of Sudden Infant Death Syndrome in European countries and immunizations in developing regions) have absolutely been improved by long-term informational campaigns, to the plain failure of campaigns to reduce or temper alcohol abuse, some of which were sponsored by alcohol companies and, thus, were seen as ambiguous by customers, or to reduce **illicit drug use**, which in a major American campaign, unintentionally spurred *higher* use.

Falling somewhere in the middle are campaigns surrounding birth control (which, in African studies, raised condom

From the Director



Exchange, a publication from the Medical Industry Leadership Institute, features dialogue on medical industry research and application. The content is a summary of research from both academia and the medical industry, followed by commentary

on the importance of the research and its application. Topics highlighted in *Exchange* will span all sectors of the medical industry and include commentary from leaders in the field as well as researchers from the University of Minnesota and other academic institutions.

This issue highlights research done by Professor Barbara Loken, Chair of the Department of Marketing, Carlson School of Management. In addition to being chair in the marketing department, she is adjunct professor in the psychology department at the University of Minnesota. Her research, on the use of mass media campaigns in changing health behavior was featured in *The Lancet* (2010. Vol. 375, Issue 9748 p.1261-1271) and is the highlight of this issue of *Exchange*.

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usage among young women from 5 to 18%), and HIV reduction (which, in European studies yielded positive results for increasing safer sex measures, but did not reduce the number of reported sexual partners).

Other areas of health Loken and her co-authors explored yielded intriguing results, including those surrounding **tobacco use**, which has long been a topic of study for Dr. Loken (she was a co-editor of the *National Cancer Institute Monograph 19* on media effects in promoting and reducing tobacco use). Much as in the aforementioned case of alcohol abuse, the researchers found that anti-smoking messages put forward by tobacco companies were likely to confuse viewers and, in some cases, even present cigarettes as "forbidden fruit." That is to say, Joe Camel decidedly cannot tell you not to smoke; messages like these from the marketers of the products themselves


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U.S. Postage
PAID
Twin Cities, MN
Permit No. 90155

Exchange—A dialogue on medical industry research and application

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 Printed on recycled paper 30% post-consumer fiber

Commentary

by Kyle Rolfing, Founder and President, RedBrick Health



It's no secret that unhealthy behaviors represent a major force driving healthcare costs. For decades, mass media campaigns have been utilized to try to discourage negative health behaviors such as smoking, or encourage new healthy habits, such as becoming more physically active. Not surprisingly, these campaigns have had mixed results. If behaviors were

easy to reshape, mass media campaigns alone might prove very effective.

Indeed, Professor Loken's research shows that mass media can be effective in delivering specific messages that impact targeted populations. In the cases where a desired behavior is one-off (e.g., vaccinations), mass media messages are often enough to drive the desired behavior. However, when it comes to changing and sustaining long-term healthy habits (e.g., physical activity, better nutrition, managing

stress, taking medications for a chronic condition), the complexity of the behavior—and the multiple forces that influence it (social, environmental, structural, financial, and psychological)—often outmatch the power of mass media messages. To move an individual from awareness to active, ongoing engagement in these cases, usually requires a more personally salient message delivered through multiple channels with repeated exposure and reinforcement over time.

Understanding that mass media can successfully create consumer awareness is just part of the battle. Making that message resonate and motivate is where the rubber meets the road. Messages that stick take effective infrastructure, placement, personalization, and timely motivation. We all know media is powerful. Understanding what is needed to build upon the awareness it creates is critical to effectively changing behaviors for the better—and for good. ■

Mass media campaigns, continued

are read with a wink. But mass media campaigns informing people of the dangers of smoking on many platforms and for long periods of time (that is, multi-year campaigns), such as those sponsored by government organizations, have shown much success in lowering tobacco use, both by getting current smokers to quit and by preventing non-smokers from taking it up.

Similarly, American media efforts surrounding **heart disease** risk factors, dating back to the 1970s and 80s, and more recently, nutrition and physical activity campaigns, have shown success. Particularly among children and those over age 50, campaigns like these coupled with other community-wide interventions do seem to improve food choices and physical activity. Still though, the positive results

with such entrenched habitual behaviors are hard to sustain: so long as such campaigns continue, the healthful changes continue, but when the messages stop, it seems the better behaviors also fall by the wayside. For those hoping to increase **cancer screening and prevention**, the results, too, indicate long-term messaging (such as Australia's 15-year-old SunSmart outreach program) is effective, but if advertisements encouraging cancer screening come in an area without adequate services to actually give those screenings, the campaigns can backfire.

Best Bets

When it comes to what sorts of behavior are most likely to be positively affected by marketing campaigns, the researchers

conclude that going after “one-off” or “episodic” behaviors like having a child vaccinated is most likely to be effective. Repeated behaviors, ranging from habit to addiction, are tougher to approach. These behaviors are frequently encouraged by powerful social norms and even explicitly competing campaigns to boost sales of products like alcohol and tobacco. Overcoming those odds will require coordinated, long-term campaigns with government support and the services to back up the messages—that is, if the message is to get regular pap smears, women in the target audience will need women's health organizations that are both available and accessible. ■