



MEDIA MESSAGING IN THE COMMUNITY: BEST PRACTICES IN PUBLIC HEALTH

August 2019

Benjamin Gleason, PhD and Sarah Gretter, PhD



INTRODUCTION

While public health media messages can rely on elaborate marketing mass media campaigns, alternative approaches are necessary to reach audiences that do not access health information through written communication (AMC Cancer Research Center, 1994), or via digital media. This review therefore presents examples of media messaging practices using analog or “low-tech” strategies to communicate or market public health behaviors. Heckscher (2017) described the phenomenon of painted rocks as a no-tech communication tool with potential applications to a variety of health-related and wellness behaviors. May (2016) talked about how key principles from a no-tech health organization in Bangladesh can apply to health app design in our digital economy. In turn, Schreiner (2016) reported results from a successful low-tech approach to immunization education for families in school settings. The review then shares models of media campaigns strategic development and lesson learned from campaigns using a variety and combination of media to impact health behavior change. Finally, a list of top ten recommendations emerging from this review concludes the review and summarizes practical applications to develop strategies and design materials that can reach a wide audience.

EXAMPLES OF MEDIA MESSAGING BEST PRACTICES

ARTICLE 1: HERE’S WHY PAINTED ROCKS ARE THE NEXT BIG THING. RED TRICYCLE

The Kindness Rock Project, originated by Megan Murphy in MA., has individuals distribute or leave painted rocks around them to share positive and inspiring thoughts with others. **Now a worldwide phenomenon, tossed rocks with inspirational messages** can be found from beaches to sidewalks.

Here are steps to produce painted rocks for a kindness project:

1. Prepare the rock by applying a primer,
2. Write or paint a message that responds to “what message would you like to see on a rock?”,
3. Add a hashtag like #thekindnessrockproject to continue the conversation online,
4. Seal the paint to avoid weather damage, and
5. Leave the rock somewhere in a neighborhood, park, street, or other outdoor space for someone to find it.

REFERENCE

Heckscher, M. (2017). Here's Why Painted Rocks Are the Next Big Thing. Red Tricycle. Retrieved from: <http://redtri.com/why-painted-rocks-are-the-next-big-thing/>

ARTICLE 2: FOUR BEHAVIOR CHANGE LESSONS FROM A LOW TECH SOLUTION

The author starts by citing a staggering discrepancy between the vast quantity of available wellness apps in our app economy, and continuing issues in expectancy and healthcare costs. She cites a lack of research on the impact of digital health on consumer behavior (ie., over half of Americans who have purchased wearable health devices abandoned them within six months). Using the example of an organization (BRAC) that diagnosed and treated tuberculosis in Bangladesh, the article thus offers four lessons from developing countries for health tech entrepreneurs looking to build health systems relying on affordable and available tools. The organization sent community health workers for home visits and daily medication routines over a six-month period to cure the disease, and patients had to start the process with a small deposit as an incentive to finish the treatment. Their success rate is 94% today.

Following the analogy of the community health worker, BRAC's key principles applied to health app design are the following:

1. **One-Stop Shop:** a good app should function like the community health worker as a trusted go-to for anything the patient needs. It has to be helpful and convenient;
2. **Connections:** the same way community health workers cannot do everything on their own, an app should be able to integrate into a holistic system that connects with other functions that the user values;
3. **Emotions:** to maximize personal interactions around sensitive issues like health, an app should replicate the worker's ability to empathize and listen to the patient, and be able to build strong relationships with the user (ex., personalized SMS);
4. **Accountability:** in order to observe long-term behavior changes, motivation to be accountable is important. Community challenges or monetary commitments are good examples of user investment. In conclusion, while technology provides new affordances for health, understanding human behavior is key to building successful digital innovations.

REFERENCE

May, M. (2016). Four behavior change lessons from a low tech solution. Retrieved from: <https://rockhealth.com/four-behavior-change-lessons-from-a-low-tech-solution/>

ARTICLE 3: USF RESEARCHER FINDS SOMETIMES LOW-TECH APPROACH PAYS OFF WHEN IT COMES TO IMMUNIZATIONS

This article reports on research conducted at USF College of Public Health around using “low-tech” approaches for immunization reminders in schools. Lack of information or awareness about vaccinations were often cited as reasons for missed immunization, a phenomenon particularly prevalent in populations with migrant or lower socio-economic backgrounds. Access to email or social media can often impede transmission of knowledge in these cases, and the author argues that a low-tech approach, using paper notes or letters, can circumvent these technological communication barriers.

The report cites a three-step approach to reach parents of children in need of mandatory vaccinations:

1. **Initial note** sent home with the student,
2. **Second note** sent home with information from the Health Department, and
3. **A personal call** or visit with a resource officer to the parents’ home.

Results from the study show an increase from 66% to almost 100% compliance in immunization levels. Finally, the author mentions that for vaccine-hesitant parents, a trusting nurse to contact parents, along with consequential information shared with them (ex., the child cannot go to school for 30 days), can help address vaccine-preventable diseases.

REFERENCE

Schreiner, M. (2016). USF Researcher Finds Sometimes Low-Tech Approach Pays Off When It Comes To Immunizations. Retrieved from: <https://wusfnews.wusf.usf.edu/post/usf-researcher-finds-sometimes-low-tech-approach-pays-when-it-comes-immunizations>

HOW TO BUILD A MEDIA MESSAGING CAMPAIGN

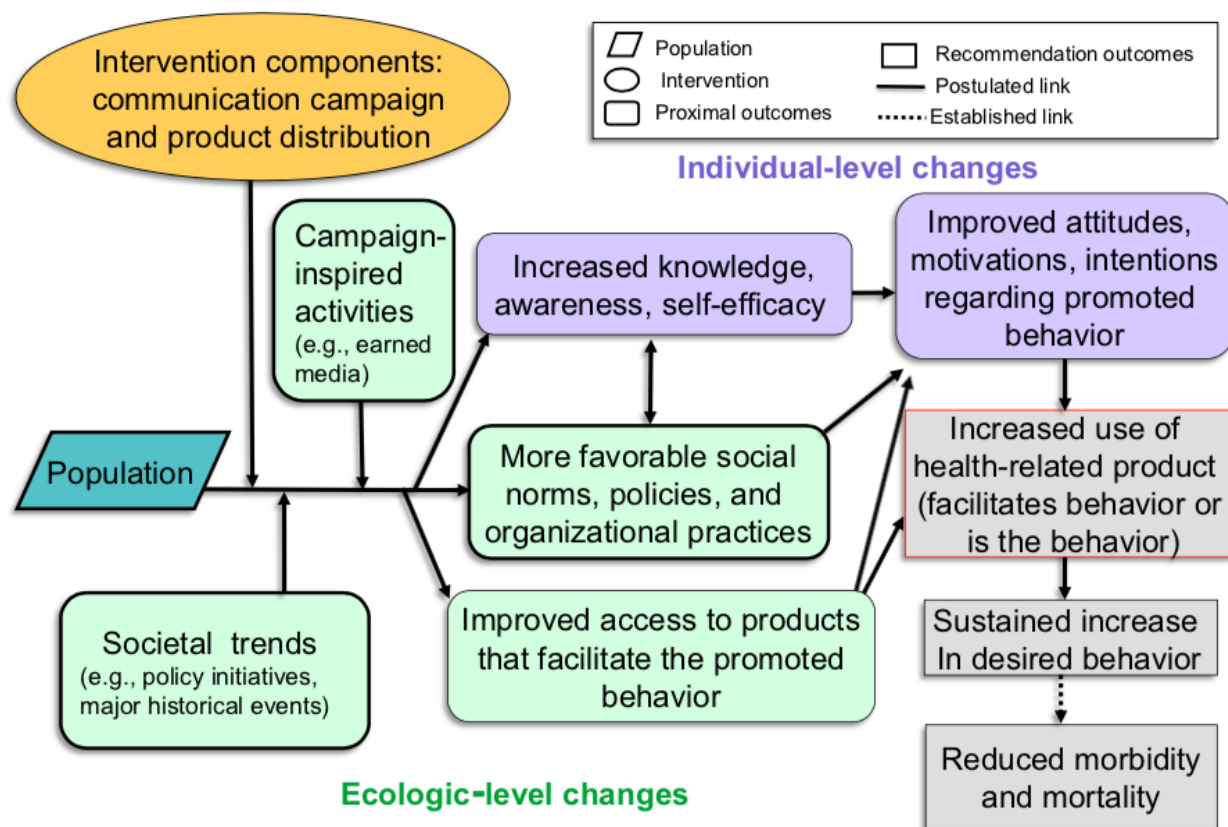
ARTICLE 4: COMMUNICATION AND SOCIAL MARKETING: CAMPAIGNS THAT INCLUDE MASS MEDIA AND HEALTH-RELATED PRODUCT DISTRIBUTION

In order to produce intended health behavior change (ie., facilitate adoption of health-promoting behaviors, sustain cessation of harmful behaviors, or protect against behavior-related disease or injury), **this report recommends that health communication campaigns use a variety of channels** (including mass media), along with the distribution of health-related product at a free or reduced price.

The systematic review specifically evaluated interventions focused on campaigns including mass media and health-related product distribution. Results can potentially be applied to campaigns that do not include mass media in their campaign. In the case of this review, mass media were used to increase awareness, demand, and use of health-related products (ex., condoms, child safety seats, pedometers, helmets, sun-protection products, etc.) that were tangible, not service-based, not available through prescriptions, and were not food items. From the 22 studies between 1980-2009) included in their review, the authors found that campaign messages were distributed through the following channels: mass media (ie., television, radio, billboards); small media (ie., brochures, posters); social media (ie., Facebook, Twitter, web pages); and interpersonal media (ie., one-on-one or groups).

Combining these approaches with product distribution was found to be effective in greater behavior change than using health communication alone. Effectiveness was shown regardless of the number of distinct channel categories to disseminate the product-use message (ie., mass media, small media, interpersonal media). However, limitations around campaign design and execution are important limitation for the review as well as for implementation by others. The authors summarized their analytic framework in the following graph, depicting the ecologic-level changes of said campaigns.

Analytic Framework: Health Communication Campaigns That Include Mass Media and Health-Related Product Distribution



The authors also reported their recommendations for implementation from the authors, including:

1. **Campaigns have the potential to affect people** beyond the initial target groups, and to engage community partners,
2. **Campaigns can help facilitate conversations** and dialogue amongst the target population about the health behavior itself, and
3. **Barriers to implementations** were reported under the lack of community buy-in and lack of commitment from partners.

REFERENCE

Community Preventive Services Task Force (2010). Communication and Social Marketing: Campaigns That Include Mass Media and Health-Related Product Distribution. Retrieved from

<https://www.thecommunityguide.org/findings/health-communication-and-social-marketing-campaigns-include-mass-media-and-health-related>

ARTICLE 5: COMMUNITY-WIDE CAMPAIGN TO PROMOTE PHYSICAL ACTIVITY AMONG MIDLIFE AND OLDER ADULTS: LESSONS LEARNED FROM AARP'S ACTIVE FOR LIFE™ CAMPAIGN AND A SYNOPSIS OF EVIDENCE-BASED INTERVENTIONS

The Active for Life (AFL) marketing and communication strategy aimed to disseminate messages about physical activity, with the specific objectives to 1) raise awareness about AFL, 2) educate the public about U.S.-wide recommendations (ie., CDC, Surgeon General) for adults to engage in moderate-intensity physical activity for a minimum of 30 minutes per day on most days, 3) to change attitudes of mid- and older adults towards physical activity, and 4) to promote AFL-sponsored activity spaces in the community to impact physical activity behaviors.

AFL targeted three specific audiences for their marketing strategy: adults 50 years and older who were already planning to be more active in the cities of Richmond, WI and Madison, VA, as well as community organizations as potential AFL partners, and government or civic agencies as potential stakeholders in making communities more active.

Based on focus group research, the design of the marketing campaign was developed around participants' views of the recommendation to exercise at least 30 minutes a day, five or more days a week. Dissemination of the messages was executed through purchased newsletters, paid television and radio advertising; reporter stories about the benefits of physical activity; and distributed written materials about the benefits of physical activity behaviors over time. **Three additional marketing products were created to complement AFL's media relations:** a handbook, a community resource guide, and step counters to participate in community walking campaigns.

Below is a list of lessons AFL learned from their media campaign:

1. **Marketing and media relations experts** should be part of the initial planning for any physical activity promotion campaign.
2. It takes **a year or more** to plan an effective communications campaign.
3. Midlife and older adults know they should be more active; however, they need help fitting physical activity into their busy lives.

4. **The audience's biases and attitudes** must be taken into consideration when marketing physical activity (ex., lack of time, lack of friends, aversion to sweat)
5. The **visual images you choose** for ads speak louder than the words you write.
6. Advertising won't be successful unless viewers remember the message.
7. Consumers will become confused if you ask them to do too much.
8. The more specific advertising is, the more likely it is to **resonate with the audience**.
9. Before you call the first reporter, it's important to **develop the specific messages** that you want to communicate.
10. Having a crisis plan may help you avoid a crisis.
11. **Media outreach is based on relationships**, so it's a good idea to get to know local reporters as individuals
12. Local news outlets are saturated with stories about health-related issues. This means that a media outreach campaign needs to find—and keep finding—new twists and angles to capture—and recapture—the media's attention.
13. **Cooperation** on a media outreach campaign can solidify relationships with local partners.

AFL acknowledged the time, effort, and money spent on their campaign, but reassured readers that small-scale campaigns can be effective and discover that free news coverage of campaign events can be sufficient for their purposes. **However, the most salient point in the authors' conclusion is the need for a campaign to assess the effectiveness of their efforts** through initial planning and mid-course adjustments when necessary.

REFERENCE

AARP. (2007). Community-Wide Campaign to Promote Physical Activity Among Midlife and Older Adults: Lessons Learned from AARP's Active for Life™ Campaign and a Synopsis of Evidence-Based Interventions. Retrieved from:
<https://assets.aarp.org/www.aarp.org /articles/health/pagefive.pdf>

ARTICLE 6: BEYOND THE BROCHURE: ALTERNATIVE APPROACHES TO EFFECTIVE HEALTH COMMUNICATION

This document framed its media message **recommendations for health educators and communicators working with low-literate and oral cultures audiences**, where developing a

mutual relationship and acquaintance with the target audience is key to effective program planning. Their recommendations included:

1. **Working with targeted community members** from the beginning and throughout the development of a health strategy in order to ensure that the program and messages associated with it will meet the needs of the intended community in a way that is culturally-appropriate.

2. **Developing a messaging strategy** for low-literate and oral cultures audiences that includes:

- a. cultural health benefits around the health issue in question;
- b. treatment and remedies typically used to deal with the health issue;
- c. environmental circumstances influencing behaviors and beliefs; potential barriers to personal involvement;
- d. perceived benefits of specific health behaviors;
- e. preferred learning styles;
- f. community impressions around similar intervention programs;
- g. identification of leaders and organizational gatekeepers.

3. **Conducting an analysis** of the situation at hand that includes literature reviews, observations, informal conversations, surveys, in-depth interviews or focus groups. Alongside the production of resources and material for communication, the report introduces the concept of action-oriented exercises as a communication strategy that requires learners to be actively involved in processing health messages. Examples of such activities can include role play, theater, songs, storytelling, or games.

4. **Pre-testing materials and messages** with the targeted audience to determine whether the strategy is acceptable and effective--and this involvement should occur at different stages, from concept development and strategy selection, to draft review, comparison, and final development. As health educators work together with members of their intended audience to develop materials and activities that motivate individuals to experience new behaviors, the authors conclude that the choice of media will be guided by the preferences and cultural communication habits of the intended audience.

AMC Cancer Research Center. (1994). Beyond the Brochure: Alternative Approaches to Effective Health Communication. Retrieved from:
<https://www.cdc.gov/cancer/nbccedp/pdf/amcbeyon.pdf>

CONCLUSION: TOP 10 RECOMMENDATIONS FOR PRACTICE

Health communication strategies are contextual and audience-dependent in nature. However, the following set of recommendations, extracted from the articles reviewed above, provide a list of advice that encompasses all media and communication formats. Effectiveness and cultural appropriateness in messaging design, development, and dissemination around health behavior can be best implemented by following the following ten action items:

- Involve the target audience in the beginning stages of planning
- Get to know the target audience
- Involve communications experts in campaign planning work
- Develop clear messages that the campaign would like to communicate to the public
- Adapt existing materials
- Develop original materials
- Consider non-print materials (ex., visual, action-oriented, audio)
- Pre-test materials
- Create personal relationships with local reporters
- Connect with potential organizations, partners, stakeholders

AUTHOR INFORMATION

Benjamin Gleason, PhD is the Director of Applied Research for the Prospectus Group. He earned a PhD in Educational Psychology & Educational Technology from Michigan State University, researching how to best support communities of learners through educational technology. Before academia, Benjamin has worked in youth and adult-serving learning spaces for almost fifteen years, from designing youth-initiated community service projects and teaching high school in Richmond, California, to working as a university instructor in Guatemala. Benjamin is also a founder of the Prospectus Group.

Sarah Gretter is a pedagogy specialist at the Hub for Innovation in Learning and Technology at Michigan State University. She earned her PhD in Educational Psychology & Educational Technology from Michigan State university, and her research uses frameworks such as the Theory of Planned Behavior to promote a culture of change in higher education. Sarah's work is grounded in educational research, and her projects range from individual consulting to large course re-design.