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Public Health Campaigns in the Digital Age: Targeting and Tailoring Using Digital and Social Media

[**Chan L. Thai \(bio\)**](#)

Abstract

Public health campaigns are how public health agencies and practitioners disseminate behaviorally focused information and resources to large audiences in an effort to promote healthy behaviors and prevent illness. Often, public health agencies have limited funding and resources; thus, maximizing impact through strategic campaigns is a priority. To encourage preventive behaviors, targeting specific audiences and tailoring strategies are employed to try to achieve maximum results. Chan L. Thai describes a course she teaches on designing a very particular form of advertising—public health campaigns—and details her lesson on tailoring messaging based on psychological states and targeting channels using evidence about social media usage.

Keywords

health behavior change, health communication, health promotion, public health campaigns, public service announcements, social media, transtheoretical model



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Fig. 1.

The "Let's Move" Campaign of Former First Lady Michelle Obama Is an Example of a Public Health Campaign Adapted for the Digital Age¹

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In my role as an assistant professor in the Department of Communication at Santa Clara University, I teach a class called Public Health Campaigns. Santa Clara University is a Jesuit, liberal arts university located in Santa Clara, California. In my program, students are interested in pursuing careers in a wide variety of communication-related fields, including marketing, public relations, advertising, and campaign strategy among others. To offer a glimpse at this kind of work, I offer a course where I bring a diverse set of research, training, and applied experiences, much of which comes from my work as a post-doctoral fellow at the National Cancer Institute of the National Institutes of Health, and as a Research Associate with the Nutrition Friendly Schools and Communities Group at the UCLA Fielding School of Public Health. Given my training in both public health promotion and media effects, and my experiences developing, implementing, and evaluating applied public health campaigns and interventions, this course truly marries both of my fields of expertise² while exposing students to a specific area of strategic communication that can be considered a specific form of advertising: public health campaigns.

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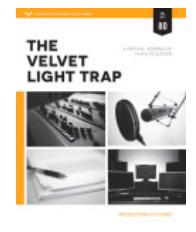


Factors That Facilitate Addressing Social Determinants of Health Throughout Community-based Participatory Research Processes

Public health campaigns, whether they are mass media campaigns or community based interventions, are powerful tools of public health communication. They help us bring knowledge and awareness, shift attitudes and beliefs, and ultimately motivate behaviors to improve the public's health.³ In some ways, public health campaigns are the avenues through which public health agencies and professionals "advertise" the desirability of certain behaviors for health. Given the purpose of such campaigns, they are generally created and disseminated by local, state, and federal government agencies (e.g. the National Cancer Institute, Center for Disease Control and Prevention, State of California) or non-profit health care organizations (e.g. Kaiser Permanente).

Some examples of notable public health campaigns from the recent past include the DARE (Drug Abuse Resistance Education) Program, which targeted drug use among children and adolescents in the late 1980s and early 1990s; "Let's Move," former First Lady Michelle Obama's program to promote physical activity; "I Learned it by Watching You" and "Your Brain on Drugs" anti-drug campaigns from the 1980s; and "Tobacco Free CA," a campaign launched by the State of California to prevent the initiation of smoking and encourage smokers to quit.

To highlight that students have seen these campaigns before, I show two videos in class. The first is the "Tobacco Free California" campaign featuring "Debi," a former smoker who smoked her first cigarette at the age of 13 and developed a smoking habit which led to the development of cancer in her larynx. Debi had a laryngectomy in 1992 and continued to smoke two- to three-packs of cigarettes a day⁴. When watching this video, I ask students if they remember this video. Most respond, "yes." I emphasize that the video is an example of a public health campaign. Students often respond by noting that this video is not what they thought about when they heard "public health campaigns." They did not realize that public health campaigns surround us, and serve as important cultural artifacts that are seared into our memories. I tell them that a lot of thought and effort is put into the design of these messages to make them memorable and effective, and that our class is developed to help students learn how to approach the design of such messages, with a particular emphasis on the current modes of communication available.



**Between-the-Lines:
Social Media,
Professional Identity,
and TV's Liminal
Laborers**



**#Bard: "And noble
offices thou mayst
effect of mediation"**

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Video 1

The "Tobacco Free California" Public Health Campaign Featuring "Debi"⁵

[Click to view video](#)

I then usually follow up with a question, "Now that you know what could be considered a public health campaign, can you think of any other examples?" Students suggest other videos or campaigns they remember. Inevitably, someone will mention the second video I show, which is the famous "I Learned It by Watching You" anti-drug public service announcement (PSA) from the 1980s. When seeing this video, students tell me they had never really thought about why the PSA was designed in this way. I stress that we use behavior change theories in public health to guide the design of our

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campaigns, and one of the theories we will learn about, the Social Cognitive Theory, stresses the importance of the observation of role models in teaching values (rewards and punishments) and how these values impact behavior⁶. It is perhaps through the consideration of this theory that this particular PSA was designed to account for the role parents might play in adolescent drug use.

Video 2

The "I Learned It by Watching You" Anti-Drug Public Service Announcement from the Late 1980s⁷

[Click to view video](#)

These two videos pique students' interest in public health campaigns. It starts to reinforce the course's main goal for students to understand how to use theory and an evidence-base to craft targeted and tailored messages—often in the form of public service announcements—to encourage target audiences to engage in a desirable health behavior. I tell students that since the time when the videos I showed them were developed and produced, the field of public health promotion has grown more sophisticated in how we think about different audiences and what messages might work better for some audiences versus others. Our understanding of how motivations for behavior and what channels people access and trust for information have grown more sophisticated, and new strategies for designing health messages have adopted these new discoveries. Over a 10-week quarter, students learn about theories of health behavior change, examine data on demographics and current behaviors of their target audience, read about successful interventions, and work to develop a campaign that utilizes the data and existing research to inform their design of a theory-driven, evidence-based health campaign targeting their fellow students.

My main objective for this course is for students to learn the value of using theory and evidence to inform their strategic messaging decisions at multiple levels, such as using theories of psychological motivations to develop specific messaging, national level statistics to select subpopulations to focus on, and media usage statistics to identify the channels used to disseminate information. While the specific strategies may differ for different target populations, the overall approach of using these tools to guide campaign development is ultimately what I want students to walk away with from this course. I also want students to see that understanding and resonating with various audiences is what makes for more effective public health messages and public service announcements that can positively impact lives and improve health in our society.

Structure of the Class

The class is structured in such a way that the first few weeks of the course are focused on providing students with knowledge and tools they will need to develop their campaigns. This includes an overview of campaign design, specific health behavior-change theories and their constructs, finding data on target populations, and how to understand and use

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the data, as well as established evidence (i.e. published studies on the effectiveness of certain messaging techniques or strategies) to make decisions about campaign strategy.

One theory we cover in depth is "The Transtheoretical Model" developed by Prochaska and colleagues.⁸ The basic premise of the model is that behavior change is a process and not a singular event. In particular, as a person attempts to change a behavior, he or she moves through five stages: *precontemplation, contemplation, preparation, action, and maintenance*. People at different points along this continuum have different informational needs, and benefit from interventions designed for their stage.⁹ The Transtheoretical Model has been applied to many different health behaviors over the past several decades, including cancer screenings,¹⁰ dietary behavior,¹¹ and smoking,¹² which was the behavior from which the Transtheoretical Model was developed. Knowledge of this model and other behavior change models is one key to the design of successful public health campaigns and advertising. Without it, messages are misdirected and do not resonate with the particular audiences sought out to shape particular health behaviors.

Stage	Definition	Potential Change Strategies
Precontemplation	Has no intention of taking action within the next six months	Increase awareness of need for change; personalize information about risks and benefits
Contemplation	Intends to take action in the next six months	Motivate; encourage making specific plans
Preparation	Intends to take action within the next thirty days and has taken some behavioral steps in this direction	Assist with developing and implementing concrete action plan; help set gradual goals
Action	Has changed behavior for less than six months	Assist with feedback, problem solving, social support, and reinforcement
Maintenance	Has changed behavior for more than six months	Assist with coping, reminders, finding alternatives, avoid slips/slippages (as applicable)

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Fig. 2.

Stages of the Transtheoretical Model, Adapted from Theory at a Glance¹³

After covering the relevant theories for effective public health campaigns, the second half of the class is much more applied, where students are asked to form groups and select a health behavior for which they would like to develop a campaign. In their groups, students must develop a campaign using theory and justify their proposed strategies with data and evidence that the strategy should work. Using a public health approach, wherein we identify the groups most in need to maximize campaign efforts, students start with identifying a key behavior they would like to focus on and a target population. I limit the students to their fellow SCU students on campus, but from this larger group, they may choose to focus on a specific subpopulation (e.g. incoming freshman students). They must justify the selection of their population or subpopulation as well as the behavior they choose using statistics I provide to them. Then they proceed by developing an overall goal for their campaign, which they then break down into "SMART" objectives:

1. Specific—What exactly are we going to do for whom? The "specific" part of an objective identifies what will change for whom in concrete terms. It identifies the population or setting, and specific actions that will result.
2. Measurable—Is the change we are looking for quantifiable and can it be measured or observed? Measurable refers to our ability to count or observe an activity in order to quantify its results.
3. Attainable/Achievable—Is the proposed time frame and the resources and support we have available reasonable for what we wish to achieve? The objective must be feasible with the available resources, appropriately limited in scope, and within the program's control and influence.
4. Relevant—Will this objective have an effect on the desired overall program goal or strategy? Relevant pertains to the relationship between the objective and the overall goals of the program or purpose of the intervention. Evidence of relevancy can come from a literature review, best practices, or the theory used to guide the design of the campaign.
5. Time bound—When will this objective be accomplished? A specified and reasonable time frame should be incorporated into the objective statement.

SMART objectives were originally developed in the field of management in the early 1980s,¹⁴ and have since become adapted by many other fields to guide goal setting for

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program planning, including education, public health, and advertising.¹⁵ Students then develop strategies linked to constructs from the theories that they chose that will help them reach their SMART objectives. The strategies are then translated into specific tasks, inputs (resources) needed, deliverables, outcomes of interest, and a timeline.

Upon completion of the class, each group has a written proposal for their campaign, including identifying who their target audience is, how they have segmented their audience, what strategies they will use for each segment, and what channels they will use to reach their audience segments. Students are asked to justify why they made these decisions about segmenting and targeting based on data that support the given segment they have chosen and how to reach that audience segment. They also include examples of promotional materials (i.e. public service announcements, brochures, websites, etc.) they would use in their campaign.

Lesson on Targeting and Tailoring—Different Audiences, Same Goal

In order to illustrate how segmenting and tailoring messages to each target audience works, I use the National Cancer Institute's (NCI) "Smokefree.gov" smoking cessation campaign as an example. Smokefree.gov is a suite of resources and tools that provide free, accurate, evidence-based information and professional assistance to help support the immediate and long-term needs of people trying to quit smoking.

Smoking is the leading cause of preventable death and disease in the United States, accounting for a death rate among smokers two to three times higher than people who have never smoked.¹⁶ In 2015, about 15 of every 100 US adults aged 18 years or older (15.1%) reported that they smoked cigarettes; this means an estimated 36.5 million adults in the United States smoked cigarettes. More than 16 million Americans live with a smoking-related disease.¹⁷ The Surgeon General reports that smoking causes 1,300 deaths every day.¹⁸ Thus, smoking is an important health behavior to address and providing resources to help smokers quit is an important public health priority.

In 2003, the NCI launched Smokefree.gov as a single website to provide assistance to smokers trying to quit. Since then, it has grown to encompass six websites, 15 text message programs, two smartphone apps, and multiple social media platforms. An estimated 3–6 million smokers interact with Smokefree.gov resources annually. As it has grown, the NCI has continually adapted its message and channels of dissemination to better reach its target audiences. Recently, NCI has partnered with consulting firm ICF to redesign their Smokefree.gov products.¹⁹ Tailored campaigns for different subgroups have also been created to better target these subpopulations with specific needs, including veterans, women, teens, and Latinos.

I like using this campaign as an example because there is one overarching, or what I like to call "umbrella," goal: to get smokers to quit smoking. But there are various approaches to achieving this objective, based on the different target audiences. Examining a multifaceted program really helps students understand the complexities of how public health campaigns may require different strategies and messages to target different audience segments. Smokefree.gov can almost be treated like a brand, because it may invoke, or mentally prime, the idea of quitting smoking when people see this phrase.²⁰ The various campaigns targeted toward different audiences are promoting the Smokefree brand and associated behaviors among different consumers.

First, we walk through the main Smokefree.gov website and resources to understand how to target messages by psychological readiness. We start off by reviewing the different target messages on the home page, which include "I Want to Quit," "My Quit Day," "I Recently Quit," and "Staying Quit." When I click on each of the messages, a different tailored message appears, which helps me to illustrate that people may be in different stages in the process of quitting and different types of messages may be more effective in addressing people at these different stages. I ask the students what this reminds them of, such as a behavioral change theory we studied in the first half of the class. Students are usually able to figure it out quickly: these stages come from the theory we learned about earlier in the quarter: The Transtheoretical Model. I point out to students that these four main messaging streams relate to four of the five stages of the model: *contemplation* (I want to quit), *preparation* (My quit day), *action* (I recently

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quit), and *maintenance* (Staying quit). Precontemplation is excluded because someone who is not even thinking about quitting probably would not be visiting the Smokefree site to begin with. As we walk through the website, I highlight how the Transtheoretical Model can be used to both segment the audience based on the stage they are in, as well as to inform the messaging strategies used.

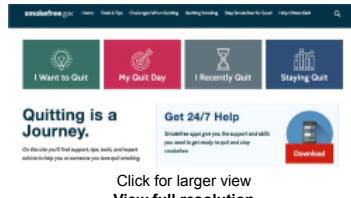


Fig. 3.
Home Page of the Smokefree.gov Website²¹

For those in the contemplation stage (people thinking about wanting to quit), clicking on the "I Want to Quit" button leads to a message about developing a plan. There is also a link that takes the person to a site that helps him/her create a quit plan in seven steps. According to the Transtheoretical Model, potential strategies that are effective for those in this stage include motivation and encouragement to make specific plans. The message here does exactly that—telling the person the process will be tough, but offering motivation and a resource to help make specific plans. I ask the students, "What other messages could be used on this screen, based on what the model suggests to be potential strategies?" Students often respond by saying that a testimonial from someone who has successfully made a plan and what that plan looked like might be another effective messaging strategy.

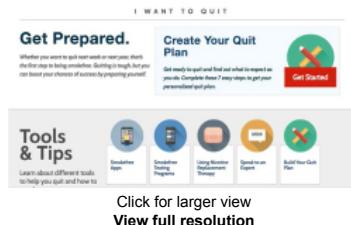
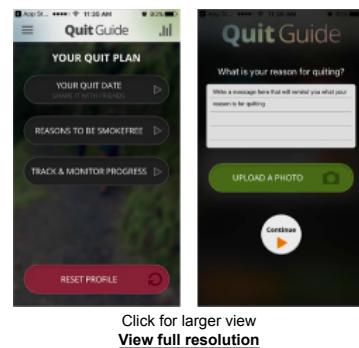


Fig. 4.
Screen after Clicking on "I Want to Quit" Icon¹⁸

For people who are ready to execute their quit plan and have decided on a quit day in the preparation stage, clicking on "My Quit Day" leads to a message that encourages the person that this is the right decision and provides strategies on how to get through the first day and other times when quitting may feel difficult. The Transtheoretical Model suggests that offering help with developing concrete action plans and setting gradual goals are good strategies to support those in this stage. The link to the Smokefree app will help the person develop their list of reasons for quitting, which may be useful as the process of quitting continues. I ask the students to think about additional messages that could appear on this page that would work well to support people who are in this stage. Students often suggest that perhaps some kind of a timeline visual could be useful. I share with them that a number of applications that help quitters count how many days they have not smoked or how much money they have saved by not smoking have been shown to be effective in helping people achieve their quit goals. This is also a feature available in the Smokefree app.

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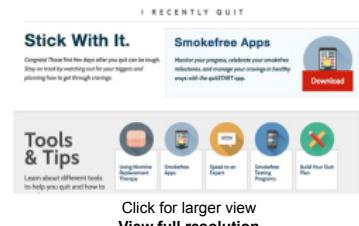
Screenshots of Resources in the QuitGuide App



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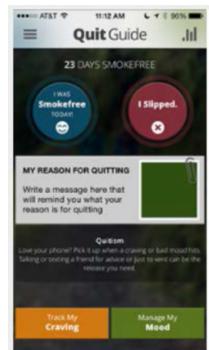
[View full resolution](#)**Fig. 6.**Screen after Clicking on "My Quit Day" Icon¹⁹

For the action stage, the Transtheoretical Model suggests that assistance with feedback, problem solving, social support, and reinforcement are important. For those in this stage, clicking on the "I Recently Quit" leads to a message that reminds them how difficult quitting can be, and provides a link to an app to help manage the quitting process. The app would provide channels for feedback, tips for problem solving (dealing with cravings), social support, and reinforcement through its various features, including an option to chat with someone. To encourage students to think about different features that may be helpful for someone who may be trying to maintain a behavior, I ask them to consider a behavior that they have struggled with, health related or not. Students share that eating healthy, exercising regularly, and sleeping enough are often behaviors they have a hard time maintaining. Most students observe that other daily tasks sometimes get in the way of remembering to practice healthy behaviors, and having constant reminders could be helpful. They talk about how "push notifications" on mobile phones could be good for this. I emphasize that health behavior change needs to be imbedded into the context of our daily lived lives, and that more successful campaigns take these other aspects of people's lives into consideration.



Click for larger view

[View full resolution](#)**Fig. 7.**Screen after Clicking on "I Recently Quit" Icon²⁰**Jump**

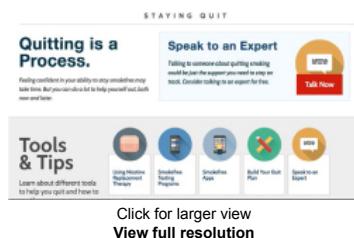


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Fig. 8.

Screenshots of the QuitGuide App Home Page

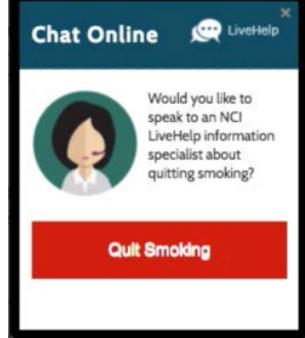
Finally, for those who are in the maintenance stage (actively trying to not relapse), clicking on "Staying Quit" leads to a message that reminds users that quitting is hard, and is a process. There is also a link to talk to an expert. In this stage, useful strategies are assisting with coping, providing reminders (if applicable), finding alternatives, and avoiding slips and relapses. As we explore the various maintenance tools, I encourage students to think about why it might be hard to maintain behaviors. Most students respond that perhaps some behaviors are habitual, or they are associated with other aspects of life, such as smoking or drinking when out with friends. In discussing the campaign's tools to help people maintain the desired health behaviors, we spend a lot of time discussing the need for messages to take into account these associations to certain situations or contexts people may have for behaviors and to suggest alternative behaviors people can do when in these contexts. So, instead of smoking with friends, maybe pulling out a mint or a piece of gum every time you want to reach for a cigarette and replacing the smoking behavior with chewing gum is a better suggestion than to suggest cutting out the behavior entirely.



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Fig. 9.

Screen after Clicking on "Staying Quit" Icon²¹



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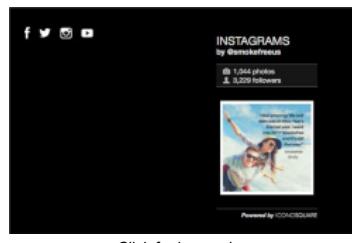
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[View full resolution](#)**Fig. 10.**Pop-Up Chat Screen that Appears on Website²²

The exercise of going through the Smokefree website with the Transtheoretical Model fascinates students. They realize how a theory we learned in class has actually been used in practice. An activity I do (either in class or as an assignment) to encourage students to apply these concepts on their own involves breaking the students into groups and assigning or having them choose one of the stages from the Transtheoretical Model. I then ask them to develop sample messages that could also work for people in their stage for a behavior of their choosing.

While the primary Smokefree.gov website targets users based on psychological readiness, the overall campaign also uses different online platforms and messages to reach different demographics. For instance, the campaign has grown into subcampaigns that target subpopulations including senior citizens (60+), women, veterans, Latinos, and teens. I use the "Smokefree Women" subcampaign and compare this to the "Smokefree Teen" and "Smokefree 60+" subcampaigns to highlight how different channels and public health messages can be used more strategically, depending on the media and social media usage habits of a particular target audience.

For instance, in terms of the social media platforms each of these campaigns use to disseminate information, the Smokefree Women page has links to Facebook, Twitter, YouTube, Pinterest, and Instagram. Meanwhile, the Smokefree Teen page has links to Facebook, Twitter, Instagram, and YouTube. Meanwhile, the "Smokefree 60+" campaign has no links to social media.

**Fig 11.** Links to Social Media Platforms on the Smokefree Women Website²³

Click for larger view

[View full resolution](#)**Fig. 12.**Links to Social Media Platforms on the Smokefree Teens Website²⁴

I point out to the students that the reason for these differences in which social media platforms are utilized to reach the different subpopulations may be due in part to an effort to strategically use certain channels with which these target populations actually engage. I then show them a table from the Pew Research Center on social media use by demographics.²⁵

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Fig. 13.

Table of Social Media Usage by Demographics from the Pew Research Center²⁶

This table shows that women are more likely to use Pinterest than men, while young adults (ages 18-29) have the highest usage rates across all five platforms included in the study (Facebook, Instagram, Pinterest, LinkedIn, and Twitter). Meanwhile, seniors have very low rates of usage of any of the social media platforms included in the study. Public health campaigns are often implemented with limited funds and resources; therefore, being strategic about where to invest time and money may be even more important than for commercial marketing and advertising. I ask the students to think about whether these social media platform choices make sense for these target populations, given what the data show. I then ask the students to look at the table again—what other pieces of information does the table have? What other ways might they segment their audience and target differently?

Students often respond first by suggesting income levels—that maybe there are trends in which groups use specific platforms more than are related to income that can be used to target smarter. I then guide them to consider other important factors that may lead to more effective message development and dissemination: Perhaps they could consider education level? Would partnering with educational institutions make sense? What about alumni groups? Students often react by stating that having additional data beyond demographics would be useful—things like habits on these social media platforms and who the different groups are likely to follow or engage with would be more informative for segmenting the audience. By engaging students through these additional questions about how to target specific audiences through various demographic factors, I want to encourage them to think about looking at data from different angles. Are there ways they see the different groups intersecting? Are there ways to triangulate multiple sources of data? Could this better inform their strategy?

While the Pew Research Center is generally a reliable source for data because it conducts periodical surveys on technology use, I tell students that there may be other places to find data that can be informative. For health-related data sets, the Health Information National Trends Survey (HINTS)²⁷ is one that houses information about Americans' health information seeking. I share with the students that I have analyzed these data and conducted studies on which channels people are more likely to trust²⁸ and which types of information people are more likely to pay attention to.²⁹ As I present these alternative data sources, students often ask why there are not more surveys that tell us about people's habits, to which I emphasize that fielding surveys and collecting data costs a lot of money. While many for-profit companies do their own market research, public health and governmental agencies generally collect these data for surveillance purposes and to assess how the American public are doing on a number of metrics, so the money spent on these projects must be focused on key concerns and cannot dive into the nitty gritty details of everything that people do.

To encourage students to know and understand the benefits of multiple sources of data, I conduct an in-class activity where students look up data sources using specific resources such as healthdata.gov, HINTS, and Pew Research Center where they can find

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information about people's habits and health behaviors. I also encourage them to conduct searches using standard search engines like Google or Bing. I suggest a few search terms for them to start with, such as "statistics on smoking," "statistics on social media use," "health status of college students" and they are usually able to find sources of statistics that they end up using in their final assignments. Students have developed campaigns for many different health issues such as healthy eating, eating disorders, alcohol use, and sleep, and many are successful in linking health behavior change theories, demographic data, and key strategic communication messaging tactics learned in class. In the end, contrary to one-size-fits-all approaches from the past, students learn the essential need to tailor public health messages to various audiences and use the media that best reach those audiences.

Summary

At the end of the lesson, students are usually better able to understand how we can use theories to help guide message tailoring and development, particularly when adapting messages based on psychological readiness outlined by the Transtheoretical Model. Students also have resources and tools from which they may gather data from which to make their strategic decisions on whom and how to target. Overall, the students feel more confident in their ability to apply theory and evidence to make decisions about the design of their final campaign project. Although public health campaigns are not a traditional form of advertising, students ultimately learn how encouraging various health behaviors involves many tactics used in the world of advertising: using insights about audiences' needs and media preferences to tailor messages to various audiences' needs and having a clear and consistent "branded" message that marries data with theories to drive consumers to make important, perhaps life-changing choices.

Chan L. Thai

Dr. Chan Thai is an assistant professor in the Department of Communication at Santa Clara University. She has research interests in health and cancer communication, media effects, and health psychology, and has examined topics such as patient-provider communication, nutrition education, end-of-life communication, food advertising, and scale and measure development using quantitative, qualitative, and mixed methods approaches. Her main area of research is the design, implementation, and evaluation of media literacy interventions.

Dr. Thai takes a social scientific, multilevel approach to her research in health behavior change and promotion. She conducts research to understand psychological mechanisms that underlie health behaviors, such as motivations for why people engage in healthy dietary behaviors, and communication processes, such as the psychological impact of processing messages from information received. She then infuses this research into the design of public health communication campaigns and interventions to promote preventive health behaviors, which she implements and evaluates.

Prior to joining Santa Clara University, Dr. Thai completed a post-doctoral fellowship at the National Cancer Institute of the National Institutes of Health in Rockville, Maryland. She earned her PhD in Communication from the University of California, Santa Barbara, her MPH in community health sciences from the UCLA Fielding School of Public Health, and her BA with a double major in mass communication and social welfare from the University of California, Berkeley.

Appendix. Assignment: Using Data for Targeting and Tailoring

To encourage students to think about how to use data to target and tailor public health messages to particular audiences, I have students read the executive summary for Santa Clara University from the National College Health Assessment that the American College Health Association conducts on our campus every other year.³⁰ This assessment includes a core set of self-reported, health-related items that a sample of students at our campus have completed, compiled into a report which I was able to obtain from my campus health center. In addition, I have students review the executive summary for the "Undergraduate Reference Group," which are the data compiled from all colleges and universities across the United States. I provide students with demographic data pulled from our campus website about where students live, where they come from, and general sociodemographic descriptive data.

Using these reports, I ask students to develop a targeting strategy that they could employ given what they know about the students at Santa Clara University. Then, I ask them to select a target behavior and justify why this behavior is important to focus on—they may want to consider how our students compare to the national average when doing so. I find this assignment to be effective in helping students understand how to use data to justify the strategic decisions they make with regard to whom to target, what to target, and/or how to do so. Students eventually import this smaller assignment into their final project, so the purpose of it is two-fold. The first is to get them to identify their target population and their target behavior. The second is to help them begin to write pieces of their final report, and for me to be able to give them feedback on smaller assignments along the way to putting together the final report.

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Assignment Prompt

Assignment 2: Problem Statement & Target Audience (Submit as Group)³¹

This paper should describe the health issue and the population your group is interested in focusing on in your group project.

Your paper should have the following sections with the appropriate headings:

Problem Statement: Describe the health issue, what is known about it, what are some of the causes of it, what has been done to address it, and who has been affected by it most. Explain why it is an important problem to address. Cite relevant literature.

Target Audience: Describe your target population and explain why it is important to address the selected problem in this particular population. Include a complete description of your population's characteristics, including where they live, where they come from, age, race/ethnicity, etc. using data from the University, the NCHA–ACHA Undergraduate Reference Group Executive Summary, the SCU Executive Summary, and other data sources you find. Cite relevant literature.

Problem in the Target Audience: Justify why this particular health problem affects this population disproportionately and why it is important to focus specifically on this issue among this population. Cite relevant literature.

Footnotes

1. Screenshot of the "Let's Move" Campaign, Obama White House Archives, accessed September 6, 2017,
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2. I would be remiss not to mention that as an undergraduate, I was a mass communication major with an emphasis in critical cultural studies. While the methods I employ and emphasize in my course and lesson (and research overall) generally take a post-positivist, empirical approach, the consideration of larger cultural trends and historical context inform my approach to thinking about what makes a truly nuanced and effective message.

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31. This assignment is one assignment of five total assignments that the students end up doing in the class to build towards their final project. For this part, they submit paragraphs that ask them to describe their target behavior and population.

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