Health Communication and Mass Media
An Integrated Approach to Policy and Practice

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COMMUNICATING HEALTH THROUGH MASS MEDIA: AN OVERVIEW

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Introduction

Health communication has been defined as the study and use of communication strategies to inform, influence, and motivate individuals, institutions, and communities in making effective decisions to improve health and enhance quality of life (U.S. Department of Health and Human Services 2005). Considering this wide scope of health communication, scholars, practitioners, and policy makers recognize the significance of health communication to public health (Rimal and Lapinski 2009, Schiavo 2007). In today’s media-saturated world, the importance of research on health communication in mass mediated contexts cannot be overemphasized, especially given that mass media are important communication channels for advancing health education and promotion, disease prevention, and shaping public policy.

Much of the public’s understanding of health and health policy is not from their direct experience. Instead, most of their understanding is mediated. Health and illness discourses are pervasive in the print media, television, cinema, and the Internet (King and Watson 2005). Media channels, including print journalism, advertisements, fiction films, television shows, documentaries, and computer technology affect the healthcare system and individuals’ use of that system (Friedman 2004). Clearly, media representations of health and illness shape our understanding of the experience of illness, health, and healthcare and influence health beliefs, health behaviors, healthcare practices, and policy-making (Seale 2002, 2004).

In addition to shaping general understandings, mass media play an important role in promoting public health (Abroms and Maibach 2008, Atkin and Wallack 1990, Viswanath, Wallington and Blake 2009). As Wallack (2000) argued, media “can be a delivery mechanism for getting the right information to the right people in the right way at the right time to promote personal change” and that “they can be a vehicle for increasing participation in civic and political life and social capital to promote social change” (338). In today’s media rich landscape, and especially with the advancements of Information and Communication Technologies (ICTs), increasing efforts are underway to incorporate mass media strategies into health education, promotion, and disease prevention practices (Melanie, Wakefield and Hornik 2010, Parker and Thorson 2009, Viswanath, Wallington and Blake 2009). At the same time, scholars have documented
mass media’s reach to select audiences and specific, limited, and moderate effects in influencing health knowledge, attitude, and behavior (Atkin 2001, Rice and Atkin 2009, Atkin and Salmon 2010, Salmon and Atkin 2003). To fully realize mass media’s role in facilitating the pursuit of health education and promotion, and disease prevention, health communicators need to exploit multiple mass media and interactive digital media channels and carry out carefully planned media strategies to reach intended audiences.

Regardless of medium or strategy, Griffiths and Knutson (1960) argued that “three effects might occur: the learning of correct health information, the changing of health attitudes and values, and the establishment of new health behavior” (515). Scholars interested in the role of mass media in health communication have studied effects of media use on health outcomes and effects of planned use of media to achieve health outcomes in many areas (Finnegan and Viswanath 2008). Programs designed to promote changes in health behavior and prompt treatment of illness have demonstrated the effectiveness of mass media channels in health promotion and disease prevention efforts such as discourage alcohol, tobacco, and drug use (Snyder et al. 2006, Strasburger and Wilson 2002); minimizing harmful effects of violent television (Rosenkoetter, Ozretich and Acoc 2004, Rosenkoetter, Rosenkoetter and Acoc 2009); addressing eating disorders (Shields 2005, 2006); promoting physical activity (Strasburger and Wilson 2002, Van den Berg, Szttainer, Hannan and Haines 2007); curbing aggressive behavior and violence (Murray 2008, Strasburger and Wilson 2002); and promoting responsible sexual decision-making (Strasburger 2005, Strasburger and Wilson 2002), among other areas.

Collectively, these studies encourage us to attend to two issues for a successful mass mediated health communication intervention: the issue of theory and the issue of medium.

THE ISSUE OF THEORY

Health communication, when delivered effectively in mass mediated contexts, has considerable potential to promote the health of individuals, communities, and populations. These mass mediated messages are more likely to be successful in affecting health knowledge, attitudes, behavior, practice, and policy if they integrate health communication theory into their design and evaluation (Atkin and Wallack 1990, Dutta-Bergman 2005, Hornik 2002, Maibach and Parrott 1995, Murray-Johnson and Witte 2003, Noar, Harrington and Helme, 2010, Palmgreen and Donohew 2010, Randolph and Viswanath 2004, Rice and Atkin 2001, Salmon and Atkin 2003, Silk, Akin and Salmon 2011, Slater 2006). Although there are many specific communication theories that can be brought to bear on mass mediated messages, three families of theoretic approaches have been most commonly used: media advocacy approaches, social marketing approaches, and entertainment – education approaches.

Media advocacy approaches include theories that involve “the strategic use of mass media for advancing a social or public policy initiative” (Stewart and Casswell 1993: 167). Although these approaches are used for public health promotion, they do so in a way that addresses institutional and governmental decision makers through indirect lobbying efforts (Wallack et al.1993). As a powerful health communication strategy, media advocacy plays an important role in engaging people in dialogue about health promotion and disease prevention, facilitating community organizing to generate demand or support for health services, and potentially influencing policy-making on critical public health
issues (Marchibroda 2009, Rock et al. 2011, Wallack and Dorfman 1996). In general, such efforts are likely to draw on communication theories from the realm of rhetoric, public relations, and agenda-setting.

Social marketing approaches involve the use of marketing concepts and techniques “to design and implement programs to promote socially beneficial behavior change” (Grier and Bryant 2005: 319). Social marketing approaches – such as the Theory of Reasoned Action, the Health Belief Model, and the Transtheoretical Model – have become a popular health promotion tool to influence perceptions, beliefs, attitudes, and behaviors regarding health issues (Edgar, Volkman Logan and 2011, Paço et al. 2010). Scholars have identified social marketing as an important condition for successful public health mass media campaigns because of its potential to “create the appropriate messages for distribution and, where possible, message theory and tailoring (creative marketing and messages)” (Randolph and Viswanath 2004: 422, Huhman 2010). However, health communicators and practitioners require understanding of the theoretical underpinnings of social marketing to effectively use it to plan public health interventions (Dooley, Jones and Desmarais 2009, Grier and Bryant 2005, Walsh et al. 1993). Because most social marketing approaches seek to affect individual beliefs, attitudes, or behaviors, the theories used in social marketing tend to be derived from psychological theories of decision-making.

Entertainment-education approaches consist of:

*purposely designing and implementing a media message to both entertain and educate, in order to increase audience knowledge about an educational issue, create favorable attitudes, and change overt behavior (Singhal and Rogers 1999: xii).*

Studies have documented how, through combining entertainment and education, this mass media strategy has been applied to produce behavior changes for HIV/AIDS and Sexually Transmitted Disease (STD) prevention (Glik et al. 2002, Kennedy et al. 2004), syphilis screening (Whittier et al. 2005), and condom use (Collins et al. 2003). Entertainment-education approaches emphasize partnership among entertainment media practitioners, public health and health communication professionals and academics for designing effective health promotion and disease prevention interventions (Kennedy et al. 2004). Most entertainment education approaches draw from the family of theories that emphasize social learning and social psychology.

As important as a strong theoretical basis for mass mediated health communication is, a strong theory needs an equally strong consideration of the medium to be used.

THE ISSUE OF MEDIUM

Any health communicator has a variety of media from which to choose when attempting to influence health beliefs, behaviors, and policies. These media include, but are not limited to, news media, mass mediated advertising, and new communication technologies. For different issues and different audiences, different media may be more or less effective in spreading the desired message.

Print and electronic news media are major sources of health information (Rice 2001, Winett and Wallack 1996). Health news media coverage has an important role in shaping health behaviors at the population level (Pierce and Gilpin 2001, Niederdeppe and Frosch 2009) and influencing public health policy (Tong et al. 2008, Asbridge 2004).
However, as health news coverage becomes more prevalent in the media, researchers are calling into question the quality, completeness, and validity of reporting (Cassels and Lexchin, 2008, Hayes et al. 2007, Hoffman-Goetz and Friedman 2005, Jaffery et al. 2006, Moynihan et al. 2000, Cassels et al. 2002, Larsson et al. 2003). Given the role of news media in shaping public perception of health issues and public policy agenda-setting, journalists, healthcare researchers, and professionals should work together in assuring quality, completeness, and accuracy of reporting is vital (Schwartz and Woloshin 2004, Moynihan 2003, Entwistle 1995).

Health promoting advertising is also used as a medium for health communication. As part of a multimedia campaign to promote healthy behavior, advertising on television, radio, or cinema and in print outlets can play a central role promoting public health (Peddecord et al. 2008). However, while health promotion advertisements can influence health through demonstrating health effects (Hyland et al. 2006, Siegel 1998) and raising awareness of health messages (Levy and Stokes 1987), the efficacy of health-promoting advertising has yet to be established (Lynch and Dunn 2002). Therefore, scholars call for more research to map its potential for health promotion (Fennis 2003, Lynch and Dunn 2002, Peddecord et al. 2008).

In today’s media saturated environment and within a global context of bioterrorism, infectious disease threats, and natural disasters, traditional one-way delivery of messages from a central source can be usefully complemented by more interactive platforms that allow people to engage with health issues, help them find acceptable and appropriate solutions to health problems, and encourage them to play a central role in self-care. While public health mass media campaigns traditionally rely on “television, radio, newspaper, and printed materials, especially broadcast spots, press releases, and pamphlets” (Salmon and Atkin 2003: 461), ICTs have “the potential to transform health campaigns” (468). Yet, as Kline (2003) argues, “there is considerable interest regarding the relationship between the popular media and our understanding of health issues” (575). As such, traditional communication methods have not been replaced by new media; rather there is a complex media ecosystem in which health consumers, practitioners, and regulators find themselves. And, as ICTs promise for public health increases with more people turning to the Internet to access healthcare information (Cline and Haynes 2001, Rice and Katz 2001, Shuyler and Knight 2003) and with more public health agencies using these tools for communicating public health issues (Brownstein et al. 2010, Currie 2009, Khan et al. 2010), more studies need to analyze the efficacy and efficiency of new media in this context.

Rapid advancements in mass media technologies continue to offer new and more effective ways to provide healthcare. Web and mobile technologies – including eHealth and mHealth technologies, electronic health records and other communication systems – have shown themselves to be helpful for improving health communication (Glueckauf and Lustria 2009, Whitten, Cook and Cornacchione 2011, Wright 2009). Although these, and other, communication technologies may make medical communication faster and more convenient, and may have developed alongside better medications and surgical techniques, it is important not to confuse improvements in technology with simple improvements in human health. On the one hand, new ICTs have accelerated the means for improving public health processes and healthcare delivery in terms of enhancing the dissemination of health information (Jareethum et al. 2008, Levine et al. 2008); aiding remote medical consultation, diagnosis, and treatment (Handschu
et al. 2003, Hsieh et al. 2004); and facilitating communication, collaboration, and teamwork among and between healthcare professional and receivers (Rice and Katz 2001, Turner 2003). ICT-based health information systems and decision support systems can also help facilitate medical research and increase administrative effectiveness in medical facilities (Murphy, Ferris and O’Donnell 2007, Ortiz and Clancy 2003). On the other hand, efforts to integrate ICTs into healthcare services have given rise to newer health communication challenges. For example, not every individual has access to these technologies, thus widening the digital divide in access to health information (Hagglund, Shigaki and McCall 2009, Lorence, Park and Fox 2006). Increased availability of online health information and services places a demand on consumers to develop additional skills essential to navigate the technology used to obtain, process, understand, and apply health information (Bernhardt and Cameron 2003, Berry 2007, Zarcadoolas and Pleasant 2009). Moreover, while technology will allow more convenient communication between patients and physicians and geographically bounded medical settings, the importance of understanding the effects of technology-mediated communication on patient-doctor relationship cannot be denied (Cullen 2006, Eckler, Worsowicz and Downey 2009, Turner 2003). Hence, we need to better appreciate the ways that communication technologies assist, sometimes, and interfere, other times, with the ability to attain health goals by patients, providers, and public health agencies.

**Meeting the Challenge of New Theories and New Media**

In light of this rapidly developing and changing media ecosystem, there is a need for scholars and practitioners of health communication to understand multiple perspectives and approaches in the study of health communication if they are to understand the unique contributions, benefits, and challenges of different media technologies on health practices and policies. As Viswanath, Wallington, and Blake (2009: 324) argued:

> A clearer understanding of the range of mass media delivery channels; the changing and converging media environment; the communication inequalities that exist; social, institutional, cultural, and policy influences; and new and existing theoretical and methodological frameworks are all necessary to understand the complex influence of mass media on population health. Addressing these issues, both in study and in practice, will undoubtedly help researchers and health professionals harness the best practices of communication and the mass media to improve individual and population health.

As such, in addition to exploring the role of traditional media, such as print and television, we need to examine the role of new technologies in shaping the public’s health. And, even if we understand the technologies, we also need to consider how we use these technologies: are we using these technologies in effective, appropriate, and ethical ways as sources of health information and advocates for health behavior? Against such a backdrop, this volume, *Health Communication and Mass Media: An Integrated Approach to Policy and Practice*, seeks to contribute to our understanding of traditional media and new media technologies in supporting health policy and practice by bringing together exemplars of current health communication research and applications in mass mediated contexts spanning across geographic regions.
To meet this goal, this volume attempts to accomplish four objectives. First, we seek to offer a broad treatment of health communication practices and theories in mass mediated contexts. We do not seek an in depth exploration of a single medium or a single technology. Instead, we seek to demonstrate the breadth of options available to health communicators to give communicators an awareness of the options for media available to them. Second, we promote a diversity of methodological approaches. Depending on the medium under investigation, and the kind of questions the researchers are asking about it, some methods will reveal more insight to inform health policy and practice than other methods will. We believe, then, that each project should use the methodology best suited to the question being asked. Third, we support an integrated approach to theory and application; we believe that the best theory can be demonstrated in health policy and practice and that the best health policies and practices are those that allow for greater understanding of larger theoretical principles. Each author has been asked to show how their theoretical understanding informs the application that they offer and how their applications result in better understandings of communication theories. Finally, we seek to include up-to-date exemplars of both completed and ongoing health communication research and applications in mass mediated contexts, including mobile communication technologies, new media and the web, communication systems, and media ethics.

We realize that the present volume is partial; it does not represent all possible media contexts analyzed with all possible methodological tools under the lens of all possible theories. This book only hints at the breadth of health communication in mass mediated contexts and we make no apology for this broad treatment. We ask you to see this volume as a starting point for your own research, policies, and practices in mass mediated health communication.

How is this Book Structured?

The collection of contributions in this volume is divided into five parts with one introductory part and four thematic parts: Introduction; Health Communication and Web Media; Health Communication and Mobile Media; Health Communication and Communication Systems; and Health Communication and Media Ethics. Part 1 serves to introduce the book, its purpose and organization. It also deals with important questions concerning types of information source and the value of theory-informed campaigns in mass mediated health communication contexts. Parts 2, 3 and 4 offer integrations of theory and applications in specific mass mediated contexts: web media, mobile media, and communication systems. Finally, Part 5 addresses the ethical ramifications of different mass media strategies and representations. Collectively, these five parts feature exemplars of current research in health communication and of practical applications of best health communication practices in mass mediated contexts.

INTRODUCTION

The first part of this book features three chapters devoted to the setting of the book and introductory perspectives. Beginning with this chapter, in Chapter 1, "Communicating Health through Mass Media: An Overview," the editors provide an overview of the book.
This chapter contextualizes the book with an aim to facilitate readers’ understanding and use of the book.

Considering media as integral sources of health information, in Chapter 2, “Healthcare Reform Information Sources in Relation to Information Quality, Information-Seeking, and Uncertainty,” Bevan, Sparks, Ernst, Francies, and Santora underscore the importance of examining how and where the public obtain healthcare reform information. More specifically, the chapter explores American public perception of information quality, level of information-seeking, and the degree of uncertainty experienced in relation to their use of various interpersonal and media sources to gather healthcare reform information. The online survey findings reveal participants’ preference for magazines as a source to obtain quality healthcare reform information and reduce uncertainty. The findings also reveal the Internet as the most important and frequently used source of healthcare reform information. As such, Bevan and colleagues argue that policy makers should use this medium to disseminate healthcare reform information. In conclusion, Bevan and colleagues urge government officials and health communication scholars to consider their findings for developing effective ways of communicating healthcare reform information and policies to the public.

Closing this part, Frenette, in Chapter 3, “Theory-based Health Campaigns: A Winning Combination,” brings our attention to health campaigns and the need for these to be theoretically grounded. Frenette argues that successful health communication campaigns are theoretically informed and successful applications, in turn, contribute to the further development of theory. More specifically, by providing examples of successful health campaigns, Frenette demonstrates how media theories are crucial, but often overlooked, components in designing and evaluating health campaigns. She shows that persuasion theories, models, and frameworks can offer a sound theoretical foundation to help increase the success of mass media health campaigns. Although the final outcome of a health campaign depends on other factors as well, Frenette insists both health practitioners and academics need to develop theoretically informed health campaigns, considering their potential to help enhance individual and public health.

HEALTH COMMUNICATION AND WEB MEDIA

The second part of this book is concerned with integration of theory and application of health communication in the web media context. The three chapters in this part are centered on the increasing use of web technologies to promote public health initiatives, carry out health education interventions, and provide social support to deal with health related issues. Chapter 4, “Disease, Representation, and Public Relations: A Discourse Analysis of HIV/AIDS Websites,” Agarwal, D’Silva and Leichty examine health communication in the context of mediated HIV/AIDS issue representation. More specifically, they provide a discursive critique of the HIV/AIDS representation on three International Nongovernment Organizations websites. Findings of the discourse analysis reveal communicative challenges in international public relations programs in addressing important health promotion initiatives in an online format. Using the lenses of power and identity, Agarwal and colleagues provide a framework to understand how discursive content of the websites constructs the HIV epidemic, the affected publics, and potential solutions.
In Chapter 5, “Managing Sexual Health and Related Stigma through Electronic Learning Environments,” Noltensmeyer, Peters, Meisenbach, and Eastman-Mueller discuss the development of a media health intervention, the University of Missouri’s sexual health education website, known as {s}health. The website was developed with two objectives in mind: providing accurate, engaging sexual health information in a safe and secure online environment; and creating an electronic learning environment that educates students about stigma management communication. By discussing innovations of using peer-to-peer learning, implementation difficulties encountered and promotion strategies, and presenting the theoretical foundation for the design and content used on the site, Noltensmeyer and colleagues demonstrate how research, theory, and application can inform one another through an interdisciplinary approach to developing interactive, web-based sexual health attitude and behavior intervention. The chapter offers insights into the challenges in and importance of designing modules and messages that are guided by theory and demonstrates interactive yet efficient ways of engaging students in discussions of sexual health.

Finally, Nimrod, in Chapter 6, “Beneficial Participation: Lurking vs. Posting in Online Support Groups,” explores the association between the type of participation in health-related Online Support Groups (OSGs) and psychological well-being. More specifically, Nimrod examines differences between “posters” (who post messages to other members of the community and/or respond to their posts) and “lurkers” (who do not interact with other members and simply read others’ posts) in OSGs for people with depression. He finds that “posters” agree more than “lurkers” that the online support groups provide them with both online support and offline improvement. Nimrod argues that being actively involved in communication can improve the health and well-being of individuals. The chapter offers theoretical and practical implications regarding Internet-based communicative practices in health contexts. Nimrod concludes that, to be effective, health professionals should encourage patients to use OSGs, and that group moderators should use de-lurking strategies to enhance the lurkers’ experience.

HEALTH COMMUNICATION AND MOBILE MEDIA

The third part of this book deals with integration of theory and application of health communication in mobile media contexts. The three chapters in this section are focused on the growing use and application of mobile phones to disseminate and access health information, deliver health interventions, and influence health outcomes. Holtz and Buis, in Chapter 7, “Effectively Promoting Healthy Living and Behaviors through Mobile Phones,” discuss the use of mobile phones as a practical intervention delivery modality within the field of health communication. They present a case study that employed principles from social cognitive theory to test an innovative mobile phone SMS intervention for asthma management. The pilot study findings indicate the feasibility of tracking asthma symptoms and improving self-efficacy of asthma patients. In light of the rapid technological progress and mHealth as an emerging field, Holtz and Buis argue for designing and testing more theoretically based interventions to understand the full impact of mobile phone applications for managing chronic diseases.

Based on the premise that public health agencies need to understand how to develop text messaging initiatives that are most likely to be effective, Karasz, Li-Vollmer, Bogan and Offenbecher in Chapter 8, “Targeting Young Adult Texters for Public Health Emergency
Messages: A Q-study of Uses and Gratifications,” investigate the uses and gratifications of text messaging for young adults in an urban area in King County, Washington. They employ uses and gratifications theory and Q-methodology to shed light on how and why young adults use texting to help health practitioners understand what will make their text messaging programs more resonant and appealing to this audience. Karasz and colleagues discuss how the findings can assist in targeting and marketing text messaging campaigns for emergency preparedness and response to young adults. They also discuss how the findings can inform the content of text messages in order to maximize the potential for influencing health outcomes in this group.

In light of the increasing use of the Internet and mobile technologies to access health information, Briones and Sundstrom close Chapter 9, “Reaching the Unreachable: How eHealth and Mobile Health Technologies Impact At-Risk Populations,” by exploring how traditionally hard-to-reach health consumers use the web and mobile technology for health purposes, and why they prefer to use these channels. They show how eHealth affects medical providers, health educators, consumers, patients, and vulnerable populations. With special attention to aspects of mobile health and its relationship with at-risk populations, Briones and Sundstrom present a case example of the Text4Baby campaign in the United States. Briones and Sundstrom argue that the Text4Baby is an effective model of an mHealth communication campaign and its ability to reach targeted audiences with discrete advice and information will narrow the gap between knowledge and behavior change. Briones and Sundstrom offer suggestions for health practitioners and directions for health communication scholarly research in order to fully understand and determine the effects of the Internet and mobile technologies on health issues.

HEALTH COMMUNICATION AND COMMUNICATION SYSTEMS

The fourth part of this book comprises three chapters that demonstrate media are not just used to push information, but that networked communications technology allows us to input and participate in the creation of health information on individual and organizational scales. These studies address the growing interconnectedness of clinical, organizational, and administrative practices in technology-mediated health communication efforts. As individuals use networked communications technology for delivery of healthcare at a distance, understanding how these systems are used and engaged is growing more important. In Chapter 10, “Coming Full Circle in Rural Trauma: Chronicling the Development and Testing of Communication Systems in Rural Trauma Networks,” Avtgis and Polack present a longitudinal, multi-study collaboration that seeks to improve the communication-related aspects of trauma team function, interaction, and coordination for the ultimate outcome of increased performance and patient safety within the rural trauma system in West Virginia. They find that the use of competent communication and appropriate computer mediated communication contributes to effective rural trauma network communication practices. Avtgis and Polack call for more attention to complex phenomena such as the trauma patient triage process and resulting communication and argue for interdisciplinary collaboration to identify problematic issues associated with communication and the practice of trauma medicine.

In Chapter 11, “From Patient-based Records to Patient-centered Care: Reconfiguring Health Care Systems for Interoperable Electronic Health Records,” Mardis uses a Computer-Mediated Communication perspective to explore the scope, complexity, and
interdisciplinary nature of interoperable Electronic Health Record EHR systems. Through an assessment of standardization practices in clinical, administrative, and technical domains, she highlights some of the unresolved conflicts-over-standards that EHR initiatives have inherited and will have to face if widespread interoperability is pursued. Mardis argues that, to make the interoperable EHR possible, healthcare systems must undergo significant transformations that can achieve uniformity in health information uses, interpretations, and collection practices.

Aceti and Luppicini, in Chapter 12, “The Role of Communication in Health Informatics Integration Success: Case Study of an Ontario Pediatric Critical Care Unit,” uses a sociotechnology lens to present a case study of the integration of mHealth technologies within an Ontario pediatric critical care unit. Considering the challenges in integrating health informatics into practice, and because mistakes can disrupt clinical workflows and patient care, Aceti and Luppicini hold it necessary to understand the interaction of social and technological contexts to ensure the successful use of health informatics within an organization. Focusing on end-user experiences and organizational strategic vision, their case study illustrates key issues with and the processes involved in health informatics integration. Aceti and Luppicini report the development of an integration model which they argue can be used to assist organizations in integrating health informatics and anticipate obstacles that may possibly occur before the integration is completely derailed.

HEALTH COMMUNICATION AND MEDIA ETHICS

The fifth and final part of this book features three chapters dedicated to addressing the ethical dimensions of communicating health through mass media. The potential of mass media channels in advancing health education and promotion, and disease prevention goals raise important ethical concerns that are embedded in these activities. Lee, in Chapter 13, “Doing Good, Doing Right: The Ethics of Health Communication,” opens this section by highlighting the scarcity of research on the ethics of mass mediated health communication. Lee attributes this lack to the exclusive focus on message efficacy, which, she argues, is grounded in the assumption that “doing good” is more important than doing “right.” Against such a backdrop, Lee seeks to better understand the relationships between and among ethical values, message ethicality, and message efficacy in mediated health communication. Lee advocates for morally grounded health messages and the need for an ethical model of public health messages.

Continuing the argument about the importance of positive health communication messages, in Chapter 14, “Eating Disorders and Obesity: Conflict and Common Ground in Health Promotion and Prevention,” Watson and McCormack bring our attention to the challenges to ensure consistency and reach of health messages about weight, bodies, and eating in light of various mediated contexts. They discuss conflicting and common ground in health promotion, prevention, and early intervention for obesity and eating disorders. By presenting cases based on a composite narrative of clinical experience, Watson and McCormack exemplify how mediated health communication messages designed to improve health knowledge and/or behaviors may result in unintended harmful effects. They offer practical key messages and strategies to exemplify integrated positive approaches to eating disorder and obesity prevention and health communication and promotion initiatives and media portrayals.
Finally, Chapter 15, “The Ethics of Disability Representations on Television,” by Worrell focuses on the ethical implications of the portrayal of health issues in the media. Worrell examines the ethics of disability representation on primetime television by focusing on the portrayals of disability and the accuracy of such portrayals. Finding the under- and mis-representations of disabilities in the media to be problematic and potentially harmful, Worrell advocates for continuing research into disability portrayals. She calls for examining their potential effects of these portrayals to help generate more knowledge of their ethical implications. This knowledge can help educate individuals, policymakers, and voters regarding issues related to disability, argues Worrell.

Conclusion

WHO SHOULD READ THIS BOOK? WHY AND HOW?

We have carefully chosen the contributions in this volume so that they collectively shed light on health communication research and practice in mass mediated contexts. We hope reading this book will allow readers to access and understand multiple perspectives on mass mediated health communication. We wish readers to recognize how health communication theory, research, and practice in mass mediated contexts inform each another. Finally, we desire readers to engage applied media and communication projects that provide models for their own efforts in health communication policy and practice.

As mentioned above, the book has a broad scope, offering an integrated approach to communication theory and application in mass mediated contexts. When reading this book, we encourage readers to reflect on the topical and methodological diversity in the field. We also encourage readers to appreciate the ways that theory shapes health communication applications and how those applications inform the further construction of theory. We believe reading this book will facilitate dialogue about the nexus between health communication research and application in mass mediated contexts.

References

Bernhardt, J.M. and Cameron, K.A. 2003. Accessing, understanding, and applying health communication messages: The challenge of health literacy, in Handbook of Health Communication,


