

Tobacco, Drug, and HIV Preventive Media Interventions¹

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Media-based health promotion interventions can reach large segments of the population and lower barriers to participation in programs. By collaborating with media specialists, we can develop interventions that might be broader, more publicized, and ultimately more likely to change behaviors and attitudes within the community. The present paper describes a series of media interventions involving smoking cessation, drug abuse prevention, stress reduction, weight control, and HIV/AIDS prevention. The process by which I became involved in these interventions is discussed, and the implications of developing these types of large-scale behavioral interventions are discussed.

KEY WORDS: media interventions; HIV/AIDS prevention; smoking cessation.

Community-based psychologists have repeatedly expressed the need for large-scale interventions (Gesten & Jason, 1987), and ones that “involve analysis and modification of social systems, including engineering environments and man–environment combinations, that maximize adaptation” (Cowen, 1973, p. 460). Although such social and community interventions

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represent a crucial component of the community psychology ideology, periodic appraisals of projects that have actually been implemented show that community interventions have been relatively small scale, with many having been carried out with an individual-based, adjustment orientation (Speer *et al.*, 1992). Clearly, the need is for more innovative types of programs to reach larger segments of the population at risk for health compromising behaviors and to lower community members' barriers to participation in such health promotion programs (Munoz, Glish, Soo-Hoo, & Robertson, 1982).

The mass media are ideal for conveying positive, health promotion messages (Winett, 1993). The vast majority of children and adults regularly watch television and listen to radio broadcasts. Not only are these sources in almost all the homes of Americans, but many hours each day are devoted to these leisure-time activities. Health promotion messages can be beamed into the homes of literally millions, and high levels of viewing can be achieved if the health promotion activities occur on popular shows or on the news (Schanie & Sundel, 1978). Television broadcasts, in particular, provide an additional benefit: the opportunity to see interesting, admired persons model the desired health behaviors. Observing others engaging in adaptive coping patterns reinforces the verbal message, and increases the chances viewers will make the effort to try engaging in the new behavior (Winett, 1986). A final advantage of such interventions is that they can be devised in such a manner as to build upon the efforts of community agencies. These collaborative ventures can increase the probability that the community members know of the intervention and are provided the motivation and resources to take maximal advantage of the health promotion initiative.

Media interventions can be designed to support preventive initiatives of nonprofit organizations and community groups (Jason, Crawford, & Gruder, 1989; Winett, 1986). Such collaborative ventures increase the probability that community members are aware of the interventions and are provided the motivation and resources to take advantage of the health promotion initiatives (Rhodes & Jason, 1988). A number of expensive, large-scale health promotion interventions have been successfully implemented (e.g., COMMIT, 1995a, 1995b; Farquhar, Fortman, & Maccoby *et al.*, 1985); however, in these times of tight budgets and funding cutbacks, there is a tremendous need to be more creative and innovative with existing local and community resources rather than relying exclusively on the federal government to financially support the programs we need in our communities. Many psychologists might wonder how to become involved in these types of larger scale interventions. Below, I describe my experiences with a series of media projects over a 15-year period. Initially, I was dissatisfied with the reactive way I was involved in media-based stories, and gradually I be-

came more proactive in trying to work with and change the media. Eventually I became involved in developing large-scale, media-based, community interventions, several of which were targeted to minority populations. The process by which I slowly developed the confidence, expertise, and resources to mount these large-scale interventions is described.

The Pooper-Scooper Caper

One of my early experiences with the media was with a subject that is neither scholarly nor politically chic: dog litter. At the time of this study, the problem of dog droppings in Chicago was widespread, and in addition to detracting from the aesthetic value of the community, uncollected dog droppings represent a health hazard because they can spread infection and disease.

During the study, researchers observed for five hours each day on one city block the number of dogs, the number of dogs who defecated, and the number of dog feces picked up by dog owners (Jason, Zolik & Matese, 1979). When dog owners were given instructions and a demonstration concerning how to use a plastic bag to pick up dog feces, 82% of owners picked up after their dogs (only 5% of owners picked up after their dogs during the baseline phase). At a follow-up phase, there had been a 68% reduction in uncollected dog feces.

A Chicago alderman asked me to present the study results at City Hall in support of a proposed ordinance which would require dog owners to have pooper scoopers in their possession when they walked their dogs. This ordinance was passed by the City Council, making Chicago one of the first cities in the country to pass a pooper scooper ordinance. Many other cities soon adopted similar ordinances. The alderman to whom I had originally provided the data mentioned to me that my study, which received considerable media exposure, had helped change the politicians' perception of this problem, which had previously been considered trivial. The aldermen also told me that, because I had been willing to study this issue and document the extent of the problem, legislators were willing, for the first time, to seriously consider enacting legislation to help alleviate the dog litter problem. This experience illustrated the power of the media to facilitate the process of behavior change.

Excessive Television Viewing

Given my training as a behavioral clinical psychologist, I next decided to launch several individual focused, small-scale interventions designed to

bring some modest changes in television viewing habits of children. This area was selected because the goals were modest, and I had the skills to both monitor and change these types of behaviors.

In the late 1970s, a series of studies had begun investigating methods for reducing the amount of time spent engaged in television viewing. Typically, this work involved children and several adults who tended to watch excessive amounts of television, and each of these studies received extensive attention from the press in Chicago. The first studies (Jason, 1983; Jason & Klich, 1982) found that self-monitoring technique was effective in excessive television viewing in some adults and children. In another study, seven children in one family reduced their television viewing by using a simple token exchange system whereby tokens were earned by engaging in a variety of school, play, or housework-related activities (Jason, 1984). Other studies have reported success with use of a token-actuated device (Jason & Rooney-Rebeck, 1984; Jason, 1985a). For example, tokens were given to children in exchange for participation in certain positive activities such as reading, doing chores, or playing with friends. Each token, when placed in a small device attached to the television, allowed the child to watch television for 30 minutes (Jason, 1987). Recently, I assessed a simple television lock that attaches to the cord of any television set (Jason, Johnson, & Jurs, 1993) and a computerized lock (Johnson & Jason, 1996). In another recent study, a device that requires the child to ride a bicycle in exchange for television viewing time has been effective in reducing television viewing (Jason & Johnson, 1995).

Many of these studies on television viewing with children did receive attention from the media. Reporters seemed to be fascinated with these types of case studies. Unfortunately, their broadcasts tended to sensationalize the subject matter, often referring to the children as "addicted to television," in spite of strong recommendations not to call this an addiction. The development of these "countertechnologies" were important to provide parents the strategies to regain control of television watching among their children, but this work with the media also had to include efforts to systematically alter the very messages that the media were disseminating, and my next effort was directed to this larger, more complex issue.

Inappropriate Advertisements

The various media sources, including television, radio, newspapers, and journals, have important influences on the promotion of healthy as well as unhealthy life patterns. For example, the frequent depiction of attractive models obtaining satisfaction and enhanced status by either smok-

ing or drinking alcoholic beverages might encourage youngsters to begin experimenting with cigarettes and alcohol (Rhodes & Jason, 1988). In addition, self-esteem might be damaged by sexist ads (e.g., women being portrayed as decorations, sex objects, or in a housewife role) and negative stereotyping of minority groups and the elderly. We selected sexist, agist, racist, and alcohol ads as appropriate and legitimate targets for interventions.

Twenty-four media sources were selected for the study; 20 were magazines and 4 were newspapers (Jason & Klich, 1982). The magazines and newspapers were randomly divided into experimental (E) and control (C) conditions. Baseline data were gathered over a 3-year period for the 24 media sources. Efforts were made to disseminate the baseline information through several methods. First, a reporter at the *Chicago Sun-Times* was contacted and asked to do a story publicizing the data on the treatment sample. After this story was printed, I was contacted by various individuals representing media sources and agencies.

During the next few months, I was interviewed on radio stations based out of Chicago, Utah, and San Francisco. In addition, I presented the findings on a television talk show, hosted by Barry Berson, that focused on images and perceptions of the elderly. This program was broadcast in major metropolitan areas throughout the United States. In addition, the results of the study were nationally publicized through an article in the "Ragan Report." Findings from the study were also sent to the editors at each of the 12 experimental media sources. Finally, activist organizations (NOW, Grey Panthers, NAACP, Lung Association, AA) were also sent summaries of the study.

The study's principle finding was that the information diffusion intervention had little overall impact on the advertisements in the 12 experimental media outlets. Approximately 15% of advertisements continued to be sexist, 14% of advertisements involved cigarettes or alcohol, African Americans were involved only 8% of the time, and the elderly 5% of the time. Even though considerable publicity was generated by the intervention, the predicted overall changes did not occur. In part, this might have been due to several factors, including (a) a fear among media sources that adoption of restrictive standards in accepting advertisements might encourage companies to select other outlets for advertising; and (b) decision-making processes in the media which were still dominated by White, upper-income males, who might have been insensitive and unresponsive to the concerns of women, minorities, and the elderly. More specific and targeted interventions might be more successful, as in Mathews and Dix's (1992) effective letter-writing campaign that led to cartoonists more frequently depicting safety belt use in comic strips.

Promoting Behavioral Stories in Newspapers

My experience with changing ads had been somewhat disappointing, even though I had been able to interest several self-help organizations to use the findings. When working on media-based interventions, it is natural to select targets that are difficult to change, and when one fails at initial efforts, it is important not to give up but rather to refocus one's efforts on better strategies or more appropriate and modifiable targets. Next, I turned my attention to determining if I could actually influence the media to portray psychological and behavioral research in more accurate and useful ways (Jason, Marinakis, & Martino, 1985). The two primary newspapers in Chicago, the *Sun-Times* and *Chicago Tribune*, were selected as target media sources. Both papers have a large daily circulation (*Chicago Tribune*: 751,024, *Sun-Times*: 639,134) and, consequently, the information published is widely disseminated in the Chicago metropolitan area.

To identify reporters with possible interest in writing stories of behavioral work 2 months of back issues of each newspaper were examined. In the *Chicago Tribune*, 27 writers were identified, as were 25 writers in the *Sun-Times*. Each of these writers had written stories that were on psychological or human interest subjects. I attempted to call each of the identified writers. Eighteen were contacted by telephone for the *Chicago Tribune*, 12 for the *Chicago Sun-Times*. The conversation began with identifying my name and university affiliation. Next, I mentioned reading a specific article(s) written by the writer, and offered several positive comments about the piece(s). After this brief discussion, the reporter was informed that there was an organization of behavioral academics and practitioners in Chicago, and that I was the media representative for this group. The reporter was then given several examples of ongoing work in Chicago and told that more information could be provided by the actual researcher if the reporter had any interest in doing a story. The reaction of the reporters to the prompting was overwhelmingly positive. The opening remarks to the reporters were a critical component. They were generally pleased to learn that a psychologist had read and enjoyed one or more of their stories.

The primary dependent variable was the number of articles appearing in the target newspapers that described behavioral work. During the baseline period, no articles with behavioral work were published. With the onset of the intervention, in the *Tribune*, two articles were prompted (a third unprompted article was written after a reporter had seen one of the prompted stories, and decided to do a story on the topic). In the *Sun-Times*, after the onset of the intervention, three articles were prompted (two nonprompted articles also appeared during the intervention phase).

Persistence and taking advantage of all opportunities were two of the most important strategies of this project. Sometimes the reporters had to be called seven or eight times before reaching them. Leaving a name and phone number has a low probability of receiving a return call from busy reporters. Once a reporter was on the telephone, it was important to not give up when the first idea elicited little interest. Having several backup projects to discuss if the primary one failed was essential and often yielded excellent results.

Self-Help on the Radio

In the Spring of 1983, I decided to work on developing a radio show, which would consist of placing actual self-help groups on the air. During these weekly programs, the process of self-help would be stressed; that is, people with similar problems offering one another support, encouragement, and solutions based on experience. During the second part of the hour-long program, members of the audience would be invited to call in and share their perspectives and concerns with the guests. I was the host, introducing the group members, making sure that somebody was able to answer or make an appropriate referral when audience members called, insuring that accurate information was dispensed, and facilitating the group process, when and if this was necessary. This would be public affairs programming, with no commercials. Self-help group members might be effective in validating the idea that many solutions to life's problems can be derived from support systems, such as self-help groups, in their communities.

When I discussed the concept for this show with the general manager of a 50,000-watt radio station in Chicago (WCFL), he thought the idea was intriguing. He provided me the training to be the host, and a staff to produce the show. I was the host of the show for a 9-month period, each Sunday evening, from 7–8 p.m. Thirty different self-help groups appeared on the program. A panel of mental health professionals listened to the tapes, and they indicated that no incorrect, harmful, or unethical information was given to callers by the self-help members (Jason, 1985b). In terms of the advice or emotional support given to callers by self-help members, the mental health professionals perceived their communications as generally helpful. Referrals to each self-help group increased after the radio broadcast where they had appeared. Members also rated the show as giving listeners a good idea of what goes on during self-help groups, and they were positive in their overall reaction to participating on the show.

Based on the various outcome data, the concept of using people who have undergone life crises as helpers for others through the medium of

radio seems to be a worthwhile and useful service. I now had my first real success in developing and evaluating a media program.

LARGE-SCALE MEDIA INTERVENTIONS

The initial impetus for these studies was disappointment with the way psychologists' research had been portrayed in the media. Slowly, I began launching a series of investigations to proactively work with the media by developing interventions to decrease excessive television viewing practices, by exploring ways to alter inappropriate advertising practices, by using the radio to promote the use of self-help groups, and by increasing appropriate portrayals of behavioral research. These early experiences provided the conceptual foundations to help design and launch a series of more ambitious large-scale, community-based, media interventions, and they are described below.

Smoking Cessation Interventions

In 1980, I was asked to serve on the Smoking and Health Committee of the Chicago Lung Association. The committee chairperson had known of my development of school-based smoking prevention programs (Jason, 1979), and my evaluation of methods for establishing nonsmoking sections (Jason & Savio, 1978). After serving on this committee for several years, Larry Gruder and I proposed a new direction for the association's smoking cessation initiatives. Larry and I had discussed my "Self-Help Radio" program, and we thought a media program on smoking cessation would be well received by the Chicago community. We recommended to John Kirkwood, the Executive Director of the Chicago Lung Association, that an appropriate goal for 1984 should be to launch a media-based initiative that would reduce barriers to participation. Association-sponsored smoking cessation clinics had only been attracting a small group of smokers. Donna Stein, the Marketing Director of Prudential Insurance Company's health maintenance organization (PruCare HMO), generously agreed to underwrite a large-scale smoking cessation program.

During January 1985, we worked with Channel 5, the NBC affiliate in Chicago, on adapting the American Lung Association's self-help program "Freedom from Smoking in 20 Days" for presentation on the evening news. The 20-day series was broadcast on Channel 5's 4:30 p.m. and 10:00 p.m. news. Approximately 500,000 viewers watched the 10 p.m. broadcast. Fifty thousand self-help manuals, which presented a step-by-step procedure for

reducing smoking, and ultimately quitting (Gruder, Warnecke, Jason, Flay, & Peterson, 1990), were distributed in more than 300 True Value Hardware stores.

As one part of this smoking cessation project, a group of worksite locations were provided twice-weekly support group meetings throughout the Chicago metropolitan area during the 3-week program. Forty-one percent of those provided the group meetings were abstinent by the end of the program, but only 21% of those provided only manuals plus television broadcasts had quit (Jason, Gruder, Martino, *et al.*, 1987). At a 1-year follow up, the abstinence rate was similar (21%) for those provided group meetings and those who just received the media intervention and manuals (Jason, Gruder, Buckenberger, *et al.*, 1987). This reduction in benefits among the worksites originally provided by support group meetings can be attributed to the lack of group meetings in the intervening year. A reasonable conclusion is that brief group interventions must be followed by ongoing support and reinforcement. This large-scale project was developed and implemented without state or federal funds. Different voluntary associations, community groups, and for profit agencies eagerly worked on this project and donated resources because each group reaped enormous publicity gains from their sponsorship of this popular community intervention.

With a successful first effort completed, we sponsored another smoking cessation program in November of 1985, again with PruCare HMO and the Chicago Lung Association. During this second project, WGN-Channel 9—a superstation whose programming is beamed via satellite throughout the United States and Central America—carried the 20-day program. For this program, 100,000 manuals were distributed through True Value Hardware stores (Jason, Tait, Goodman, Buckenberger, & Gruder, 1988). Nielsen ratings conducted during the month the health promotion program was aired indicated that approximately 286,000 and 583,000 people in the Chicago area watched the noon and 9 p.m. broadcasts of the program, respectively. Epidemiological data suggest that approximately one third of these viewers were likely to be smokers. During the weeks prior to a television-based smoking cessation program on WGN, members of an economically depressed, inner-city community in the West Garfield Park neighborhood were surveyed by telephone. Smokers from this neighborhood who were interested in quitting were scheduled into groups that met at a neighborhood health center three times during the 20-day program (Jason *et al.*, 1988). The study's major finding was that an intensive outreach effort in combination with a large-scale media-based smoking cessation intervention was successful in achieving abstinence prevalence rates of 20% at a 4-month follow-up.

The January and November 1985 interventions reached an estimated 150,000 smokers; if only 10% (a very conservative estimate) achieved long-term abstinence, then our programs helped 15,000 people quit smoking. The public health implications of these findings are important in that the lifetime health savings from the prevention of chronic diseases such as cancer for each middle aged adult who quits smoking is conservatively estimated to be \$40,000. If 15,000 people stopped smoking, this would create an estimated \$600,000,000 in health care cost savings (Oster, Golditz, & Kelly, 1984). In other words, these two health promotion programs, which relied solely on resources from the local community, potentially saved hundreds of millions of dollars. This does not even begin to assess the value of the prolongation of individual lives.

In spring 1987, Brian Flay and other researchers, including myself, received federal funds to mount a third televised smoking cessation intervention, which was broadcast for 20 days on the local Chicago ABC television station. Because in the first study we found that many of the participants in the group meetings who had stopped smoking by the end of the program relapsed later (Jason, Gruder, Buckenberger, *et al.*, 1987), for this study, DePaul University researchers conducted monthly follow-up support groups for a year and provided incentives in the form of a lottery for participants at worksites throughout the Chicago metropolitan area (Jason, Lesowitz, *et al.*, 1989). At a 24-month follow-up, the rate of abstinence for participants who were provided the group meetings, media intervention, and manuals was significantly higher than the rate for non-group participants (30% compared to 20%, Salina *et al.*, 1994). These results indicate that follow-up groups and incentives helped reduce erosion effects that frequently occur at the completion of smoking cessation interventions. The media can be used to reach thousands of people and to prepare them for a health promotion intervention. Support groups can then reinforce the messages from the media and self-help materials and provide the structure, reinforcement, and encouragement to make behavior changes.

We received another federal grant to design and evaluate the fourth televised smoking cessation intervention, which was broadcast on WGN in the Spring of 1991 (Hedeker, McMahon, Jason, & Salina, 1994; McMahon, Jason, & Salina, 1994; McMahon & Jason, *in press*). Following the media intervention, a series of 14 one-hour meetings were held for the subsequent 6 months at companies around the greater Chicago metropolitan area. The first 8 meetings occurred 1 week apart for 2 months. The next 4 meetings occurred every 2 weeks for 2 months. The last 2 meetings occurred once a month. Meetings were first scheduled relatively frequently during the follow-up, when abstainers needed the most support. In addition, abstainers

were able to earn money for quitting and remaining abstinent (Jason *et al.*, 1995). For those provided the groups and incentives, 38% were abstinent at a 24-month follow-up, whereas only 22% were abstinent at this follow-up for those in the self-help condition when complete data were examined (Jason, Salina, McMahon, Hedeker, & Stockton, 1997).

Once again the findings point us in the direction of using the media to motivate a community to begin thinking about participating in a health promotion initiative. Behavior settings in the community can then be used to reinforce and support these efforts. Even though the last two mentioned media interventions did use funds provided by the federal government, the first two interventions, and others to be discussed below, were mounted with funds from the community. By being creative and linking resources together, it is possible to design and implement these programs.

Smoking Prevention in African-American Communities

Because of the success of the adult-oriented smoking cessation interventions described above, a task force from the Chicago Lung Association was formed to develop a media intervention focusing on youth. A comprehensive prevention program was implemented to decrease the incidence of new smokers within the African American adolescent population in Chicago. The program combined a school-based curriculum with a comprehensive media intervention (Kaufman, Jason, Sawlski, & Halpert, 1994). The Board of Education supplied 472 elementary schools in Chicago with a copy of "Smoking Deserves a Smart Answer," a curriculum developed by the American Lung Association.

The curriculum was introduced into the schools in conjunction with the launching of a media intervention, which was divided into three components. The first component was through *The Chicago Defender*, a Chicago-based newspaper with a daily circulation of 30,000 to predominantly African American readers. Publishers of *The Chicago Defender* agreed to print a smoking prevention curriculum on their weekly children's page.

The second component of the media intervention was through WGCI, a Chicago based radio station with a predominantly African American listening audience of more than 1 million people. WGCI ran eight smoking prevention public service announcements during a 2-month period. In addition, WGCI aired a call-in talk show with a focus on helping parents improve communications with their children, thereby empowering them to help their children combat environmental factors influencing them to smoke. WGCI also promoted and aired the winning entries of a Smoking

Prevention Rap Contest for school children. The entries were required to convey a message encouraging peers not to start smoking cigarettes. Winners were chosen from five different age groups. Grand prize winners from all age groups had their raps aired on WGCI's Friday Night Rap Show; the overall winner was a guest DJ on that show.

In the third component of the media intervention, Gannett Outdoors, the owners of approximately 200 billboards in the Chicago area, sponsored a smoking prevention poster contest. As with the rap contest, the children learned about this competition through announcements in all Chicago public schools. The rules of the contest required the children to develop posters conveying messages designed to discourage others from starting to smoke. A winner was chosen from each of five age groups, and Gannett turned each of the winning posters into a billboard displayed in five different locations in the Chicago area. In addition to receiving individual prizes, each of the winners was presented with a certificate and a prize for his or her school at a special assembly.

The results of this intervention are encouraging: Students decreased their use of tobacco and reported lower family use of cigarettes, alcohol, and marijuana. My colleagues and I believe that these favorable effects are the product of the community-wide, dual component nature of the intervention. They demonstrate the success that we may achieve through partnership between researchers and community members. The reports of decreased family substance abuse indicate that parents' habits changed after they became involved with their children's homework assignments. In fact, many parents participated in the radio and newspaper components, to the extent that they listened to the WGCI's call in show and read the *Chicago Defender's* antismoking messages. These results also support the hypothesis that family involvement is effective in implementing substance abuse interventions.

Also vital to the success of the project were the relationships among the researchers and the Chicago Lung Association, community organizations, schools, and the media. All were true collaborators and participants in this project. These partnerships seem especially important when one considers that the participants were urban African-American children, rather than the more common target population of White middle-class suburbanites. The WGCI rap contest is a good example of effective cultural awareness. The intervention made use of a preexisting, common, and enjoyable activity of urban African-American children in order to motivate their interest and make learning fun. The students were able to use their own language and style, thus making the antismoking message meaningful and memorable.

Drug Abuse Prevention

In addition to smoking cessation interventions, our research group realized that the mass media could also be used to help prevent children and adolescents from experimenting with alcohol and other drugs. Adolescents not yet experimenting with these substances often seek information from the mass media on drugs. Flay and Pentz (1985) suggested that effectively increasing awareness, knowledge, and motivation to change may rely on the degree to which the media components are linked with other program components, which include school and parent programs. Multi-level interventions involving the media, family, school, and the community might have a greater impact than single-target interventions (Hawkins, Catalano, & Kent, 1991).

Our next study was of a statewide substance abuse prevention program, KidsInTouch, targeted at children and parents, which was initiated by the Illinois Department of Alcohol and Substance Abuse (Jason, Pokorny, Lahmar, & Bennetto, 1994). The first component of this intervention was an "InTouch" supplement in the *Chicago Tribune*, which was distributed prior to the telecast of a daily series of news segments. Circulation on the day of distribution was 1.2 million copies. The *Tribune* supplement provided a daily format that coincided with the upcoming news series. In addition, the supplement included family exercises and antidrug drawings and messages by students. The supplement contained a statewide resource guide to substance abuse prevention activities and other supportive services, state and national referral services, and a phone number for parent training workshop sites.

A daily series on WGN television was aired on the noon and 9 p.m. news. The purpose of the WGN television component was to build awareness, increase sensitivity to issues of substance abuse, and announce parent training groups throughout Illinois. The six-part news series combined facts about drug initiation, substance abuse, and children of parents dependent on alcohol and other drugs. Special interest profiles of Chicago families who had addressed these issues were also included. Information about the parent training workshops and sites were given at the close of each news segment.

Approximately 600 human service agency staff and community workers were trained to conduct the parent training workshops, which were open to all residents of Illinois. In comparison to a control group of parents, those participating in the parent training workshops showed significant improvement in alcohol and other drug knowledge and in parenting skills.

Another component of this multilevel intervention involved the "High Top Tower" series, which aired Saturday mornings on Chicago's Channel

32 for 6 consecutive weeks. Other stations across the state aired the program on different days and in a variety of time slots. Since the series was intended to reach children prior to drug initiation, the content of the weekly broadcasts addressed such issues as self-esteem, tactics for resisting use, problem solving, and alternatives to drugs.

The final component involved a school-based curriculum that consisted of 12 classroom activities designed for children ages 5 to 12. Like the "High Top Tower" television series, it covered such topics as self-esteem, family structure, health and safety, and information about alcohol and drugs. The school-based curriculum became available to schoolteachers across the state, and 2,137 copies of the curriculum were distributed.

Other Health Promotion Initiatives

Stress Management Intervention

WGN television joined with the Chicago Lung Association, PruCare HMO and True Value Hardware stores in producing a stress management program (Jason, Curran, Goodman, & Smith, 1989). The program was aired daily on the noon and 9 p.m. WGN news. At TrueValue Hardware stores in the Chicago area, 170,000 free manuals entitled "Success Over Stress" were distributed to the public. The manuals were designed to help viewers follow the daily television broadcasts and to provide supplementary exercises and activities. The daily broadcasts featured the following components: defining stress, describing the body's response to stressors, identifying major life stressors, assessing one's social support network, and identifying a variety of behavioral, cognitive, and psychological coping strategies of dealing with stress.

This primary preventive program was developed and funded by local sources, who received valuable publicity as a result. The hardware company hoped to bring new customers to its stores. The health maintenance organization had its name associated with a prominent health promotion intervention in hundreds of televised promotions before the series aired. Similarly, the Chicago Lung Association reaped public relations benefits by having its name and logo mentioned on all materials and promotions. Finally, the television station committed production resources to the project because the series would bring new viewers. The television program on stress management was so popular, it was aired during "sweeps week," a time when television stations closely monitor their audiences.

When we interviewed a sample of viewers who had seen this stress management program, 85% said they would recommend the program to

others. Many coping strategies were used by those who viewed the program; 78% tried deep breathing, 72% tried humor, 62% tried to focus on stress signals, 60% tried positive reinforcement, 56% tried progressive relaxation, and 56% tried exercise. Those viewers who had experienced prior to the program the most extensive negative life stressors, and a small sample of viewers who had been provided with support to cope with a recent death of a loved one, were the groups that made the most substantial gains in outcome adjustment measures. These findings suggest that the groups requiring the most extensive process of readjustment, due to either the loss of a loved one or other negative life stressors, might be the most responsive and ready to respond most positively to interventions. Providing those experiencing a death of a loved one with opportunities to obtain social support possibly helped accelerate the process of adjusting to the loss. The media might be able to identify large numbers of individuals undergoing stressful experiences but who currently are not receiving formal mental health services. By connecting such individuals with natural helpers in the community, the possible reach and impact of media-based preventive programs might be enhanced considerably.

Nutrition and Weight Reduction Intervention

During a 3-week period, another large-scale health promotion program cosponsored by the Chicago Lung Association was launched on WGN. This series featured daily reports on the noon and 9 p.m. news concerning health nutritional practices, and effective exercises (Jason, Greiner, Naylor, Johnson, & Van Egeren, 1991). In addition to this media component, the intervention included the distribution of 100,000 self-help manuals on the series throughout Chicago at TrueValue Hardware stores. As with the stress reduction program, all resources were generated from the local community. One component of this overall study involved a group of viewers who had weight problems. A randomly selected group attended ongoing, weight control self-help groups, watched the television show, and read the self-help manuals. This group succeeded in losing more weight than a comparable group, which was only exposed to the media program and manuals and did not attend meetings.

HIV/AIDS Prevention in Families

"Families in Touch: Understanding AIDS," which was partially funded by the Centers for Disease Control, was a multimedia-based health promotion strategy targeted toward HIV/AIDS prevention within the family

unit (Crawford *et al.*, 1990). For 6 consecutive days, 5- to 10-minute segments on AIDS and the family were televised on the noon and 9 p.m. news broadcasts on WGN. In addition, a 16-page supplement appeared in the Sunday *Chicago Tribune*. On the Sunday before the telecast, 1,200,00 copies of the *Chicago Tribune* were distributed. "Families in Touch" provided factual information about AIDS, including means of transmission and prevention. It focused on improving the family's effectiveness in educating its members about the dangers of drug abuse and high-risk sexual practices by providing information relevant to the family and interactive exercises for parents and children designed to enhance communication, problem solving, decision making, and values clarification. The exercises were included in the *Chicago Tribune* AIDS Prevention Supplement. The "Families in Touch: Understanding AIDS" program represented a departure from most other AIDS prevention programs in its attempt to incorporate use of the media as an intervention strategy and the targeting of the family as the unit of change. Children who watched the program spoke more about sexual issues within their families and became more knowledgeable about AIDS. We did receive funding for part of this program from the Centers for Disease Control.

It is unfortunate that there are a disproportionate number of AIDS cases among minority groups. The mass media might be an excellent vehicle for reaching many ethnic minorities who might otherwise not receive critical information about HIV. These types of interventions need to be culturally and developmentally consistent with accepted peer group. Salina, Razzano, and De laTorre (1998) compared the effectiveness of an AIDS media program targeted at Latino youth. The program included a 5 day televised HIV/AIDS preventive intervention developed and broadcast on WSNS, one of the two Chicago area Spanish language television stations. The 5- to 10-minute broadcasts were aired during the evening news and accompanied a bilingual newspaper supplement designed by a group of health professionals from a variety of Hispanic agencies in Chicago. Some participants were also shown a video designed for young people produced by Magic Johnson and Arsenio Hall entitled "Time Out, the truth about HIV, AIDS and YOU." The students who watched the televised series and video were significantly more likely to agree that they (a) knew how to reduce their own risk of HIV/AIDS, (b) felt better prepared to protect themselves from HIV, (c) were more aware of the impact AIDS has had on their community, and (d) had changed their own behavior. Music videos presented in a contemporary format appear to be able to stimulate and hold young peoples' interest (Salina, Razzano, & Lesondak, 1998). This widely accessible media format has great potential as a method of reaching young people and impacting on HIV risk behaviors.

DISCUSSION

There are abundant opportunities to find local resources to develop and implement these types of large-scale preventive and health-promoting interventions. However, the success of this approach depends on associating and working with networks of supportive grass-roots organizations, and keeping decisions about the goals of these interventions in the hands of these associations (Fawcett, 1990). After gaining initial experiences in efforts to influence the media by prompting articles in newspapers, decreasing excessive television viewing in children, and developing a radio program, I developed a relationship with the Chicago Lung Association's Smoking and Health Committee. This organization provided entry into a number of other critical organizations.

The importance of this effort to collaborate with a not-for-profit agency, with high recognition and visibility within the community, needs to be emphasized. If I had worked only with members of my research team at DePaul University, I would not have had the opportunity to participate on the types of large-scale interventions described in this article. From 1980 until 1983, I had been a member of the Chicago Lung Association's Smoking and Health Committee, and during that time, I waited patiently for the right opportunity to get involved in a media intervention. When traditional-based smoking cessation clinics were perceived as not meeting the needs of the community, I was ready to help conceptualize and launch a media-based smoking cessation intervention. Of course, we were fortunate that a progressive HMO was simultaneously seeking to launch a high-visibility smoking cessation project. Once these alliances were formed, it took an entire year to convince a television station to produce the first smoking cessation series, as this type of in-depth series on the evening news on a health-related topic had never previously been broadcast. We had initially approached a prominent reporter for the television station, and he was most interested in being involved as the anchor for the program, in part because this role would provide him considerable exposure on the evening news. After months passed and the reporter had little success in convincing the upper management to support this program, in an effort to motivate the reporter, he was given a media award at the annual meeting of Chicago Lung Association. At that event, in front of hundreds of people, the reporter publically committed to having the "Freedom from Smoking" program on the air. Within a month after receiving the media award, he had successfully convinced his superiors at the television station to support the program. After the success of our first program, we had easy entry into other television stations and organizations.

Several practical strategies for initiating and implementing large-scale, media-based interventions are described (Jason & Salina, 1993): *The participants*—No large-scale intervention can be implemented by one person. As a first step in designing a program, invite a group of interested sponsors to an organizational meeting. If you have a personal contact within an organization, call that person to discuss the projected project. Your contact person might be able to identify the organization's level of interest in the intervention, as well as identify appropriate people who might be interested in participating. If you have no viable contacts, call the person who might have the most to gain from being involved in the intervention (e.g., Director of Public Relations, Director of Advertising/Sales Promotion). *Setting the agenda*—Focus on a current, serious, unmet need in the community. *Motivate core members*—Be sure to encourage all invited guests to participate in brainstorming and problem-solving sessions to better meet the problem. (When people help design particular program components, they tend to be more enthused and active in implementing the intervention.) *Coalition building*—After a series of core group meetings, additional sponsors might be invited to contribute to the intervention. Once the idea has been molded and shaped, and the planning group is mobilized and ready for action in developing a community-owned and implemented, large-scale, media intervention.

When working collaboratively with different citizen groups, attempts are always made to develop a consensus (Reyes, & Jason, 1993). However, there will be many instances of value differences in the strategies proposed by the different collaborators (Bogat & Jason, in press). Before our first smoking cessation media intervention, a "fast-food chain" had expressed interest in being a sponsor of the program. This sponsor had considerable economic resources, and this was appealing to several members of our committee. However, other members of our committee felt that the products sold by the restaurant chain had elements that were not compatible with a health promotion initiative (i.e., high salt and fat contents of products). Eventually, our group selected TrueValue Hardware as the distributor of the manuals rather than the restaurant chain. A good and flexible working relationship and high levels of trust among the parties was essential for these types of issues to be harmoniously resolved.

Kelly (1990) has been a most eloquent and persuasive advocate for us in developing collaborations with other disciplines and citizens. Kelly's ideas clearly were instrumental in influencing many of the collaborative efforts described in this paper. Key factors in our success were our patience and readiness to use a vast set of networks, each of which gained direct, tangible benefits from their participation. For a number of these interventions, the Chicago Lung Association and PruCare Health Maintenance Or-

ganization provided staff to develop the programs and funds to print the manuals, in exchange for considerable media coverage. Approximately 200 15- and 30-second promotions aired prior to many of the interventions, and the primary sponsors were identified in each promotion. TrueValue Hardware also provided financial resources in exchange for publicity on television, association with a worthy public health effort, and potential customers coming into their stores to pick up manuals. Each of the sponsors had their organization's name printed prominently on the self-help manuals and promotional materials. The television stations were identified with a credible, community-based health promotion program, which helped to attract new viewers.

Now, it is likely that most readers, while acknowledging the approach enumerated in this article, will conclude that it is only possible for researchers connected to resource-rich, academic institutions to achieve similar results. This conclusion cannot be warranted (Jason & Salina, 1993). Individual practitioners and advocates of prevention services can, indeed, be successful in launching these types of programs. Organizers of such programs need to be able to accurately portray the tangible benefits that potential sponsors can expect to reap from involvement. Who would have imagined that a leading billboard advertiser (Gannett Outdoors) would agree to participate and fund a smoking cessation intervention! These types of opportunities exist in other settings; having the patience and readiness to use them productively has and will allow others to replicate our work. Individuals in more than 15 other major metropolitan areas have contacted us and launched similar interventions.

The health promotion interventions described herein represent only one of the multitude of influences on community members' health behavior. Viewers of television are, for example, bombarded with messages to use products that are primarily processed, often having minimal nutrient value. Drivers see omnipresent advertisements on the roadsides encouraging them to try new brands of cigarettes and cigars. Readers of magazines are confronted with attractive models engaging in a variety of health-compromising behaviors. We are all deluged with inaccurate information and unhealthy behavior messages from a variety of corporations that are trying to promote their products and services. These enterprises have considerably more resources available than the collaborators of the described health promotion projects. These alternative influences need to be recognized because they undoubtedly have a negative impact on health promotion behavior-change influences (Jason & Hanaway, 1997). Such adverse influences are legitimate targets of community-based interventions. Advocacy and community organizing are appropriate activities for these types of influences (Biglan, 1995).

At a very minimum, interventions need to at least allude to such forces, and assist participants in dealing with them.

Perhaps the most exciting possibilities lie in more interactive interventions (Swift, 1982). As noted by Weissberg and Greenberg (1998), large-scale prevention efforts need to incorporate multilevel, multicomponent influences, including the media, parents, community leaders, and school and government administrators. The media represent an excellent form to alert thousands of community residents to health promotion initiatives (Vincent, Clearie, & Schluchter, 1987). Once alerted to these programs, participants can pick up materials and resources that reinforce the concepts broadcast and encourage opportunities for practice. Groups can be assembled to watch the programs together, or participants can be provided additional support by being put in touch with helpers, self-help groups, or other community agencies. Many efforts to alter addictive behaviors have been unsuccessful in producing long-term changes. Perhaps by lowering barriers to participation in programs, and devising imaginative ways to enable participants to continue receiving support and encouragement following the end of the media programs, we will be able to engender sustained improvement.

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