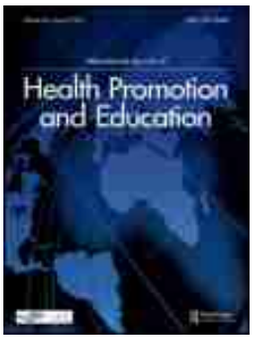

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Strategic and ethical issues in antismoking message development: how US public health campaigners conceptualize efficacy and ethicality

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Although there is literature discussing how social marketing and campaign planning steps can instruct health communicators to develop their work, the documentation of the planning process of antismoking campaigns is very limited. The purpose of the study is to fill in the gap with empirical findings that are focused on the development of antismoking messages and explore the strategic and ethical issues that public health campaigners are confronted with. A total of 22 public health officials and advertising agency professionals in the United States were interviewed about their experiences in conceptualization, production, and dissemination of antismoking messages. In a structured interview format with open-ended questions, interviewees were encouraged to talk at length and share their views. The conversations were audiotaped with permission, and the transcripts were systematically analyzed to yield a rich tapestry of anecdotes, metaphors, and pontifications grounded in interviewees' experiences. The findings indicated a strong diversity in the interviewees' approaches to tobacco control messages, despite the overt reliance on research to conceptualize effective messages. The reasoning regarding the use of emotion appeals, such as fear tactics, involves personal judgments and orientation on the value of health campaigns, along with assessments of local political and socio-culture atmosphere. In sum, these findings confirm the strategic importance of audience research and shed light on the implicit process in the development of antismoking messages, and the ethical dimensions identified in the current study further set forward the issues of ethical advocacy in future tobacco control programs.

Keywords: social marketing; antismoking ads; health messages; media

Introduction

The studies on antismoking messages include content analyses that categorize antismoking appeals (e.g., Beaudoin 2002, Cohen *et al.* 2007) as well as experimental studies that tested persuasion effects of various antismoking ads (for a review) (e.g., Pechmann 1997, Pechmann *et al.* 2003, Chang 2006). Much of the past academic literature attempted to understand how antismoking messages work effectively to different target audiences, in terms of changing individuals' knowledge, attitude, and behavior about smoking. Also, it is widely known that antismoking campaigns, like most public health campaigns, usually adopt a social marketing approach, utilize both advertising and public relations tools, and sometimes combine with school educational programs. Few studies, however, have empirically documented the development process of antismoking

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messages, explicating the challenges, determining factors, and important issues that drive the decisions made by public health officials or campaign designers as they try to deliver risk information to the publics that they serve.

Thus, the current study explores the strategic planning process of health campaigns through depth interviews conducted with public health officials and their ad agency professionals involved in tobacco prevention and cessation programs in the United States. Focused on the conceptualization, production, and dissemination of antismoking messages, we hope the findings that reflect these experts' knowledge in such planning process will offer insights for public health officials and for health communication scholars in their future endeavors.

Literature review

Strategic perspectives in health campaigns

In the literature that addresses strategic planning process of health campaigns, the *social marketing* approach is often mentioned. Social marketing refers to the application of business marketing methods to promote an idea or a behavior for the health or well-being of the target audience or of the society, as opposed to marketing a product (Weinreich 2004). In other words, social marketing applies the philosophy, concepts, and principles in marketing discipline but aims for social good, instead of business interest (Kotler and Zaltman 1971). The concept of social marketing typically involves strategically identifying and communicating with target publics about the issue, tailoring messages based on the characteristics of the audiences, and seeking for potential policy support for better environment change (Kotler *et al.* 2002).

Similarly, the discipline of strategic communication, which advocates for integrative uses of advertising and public relations, has suggested the campaign planning/execution process as few main steps. These steps typically involve efforts on background research, planning and execution of communication activities, and campaign evaluation. Typically, the step of message development and delivery in a campaign follows the research stage, and messages are designed to appeal to the target audience (Marston 1963, Hendrix 1998, Guth and Marsh 2005, Lattimore *et al.* 2007, Wilcox and Cameron 2011).

Although there is much literature discussing how social marketing and campaign planning steps can instruct public health campaigners develop and evaluate their work, the documentation of the planning process of health campaigns, particularly in antismoking communication, is very limited and worth further exploration. Thus, one of the major research purposes in the current study is aimed to fill in the gap with empirical findings.

Research on antismoking appeals

Past research on antismoking messages includes studies that content-analyzed antismoking ads to identify common elements of antismoking messages. Most of these studies focused on descriptive characterization and classification of message themes or frames (e.g., Goldman and Glantz 1998, DeJong and Hoffman 2000, Beaudoin 2002, Wakefield *et al.* 2005). Some prevalent themes, for example, are short- and long-term health consequences of smoking, dangers of secondhand smoke, youth access to cigarettes, social/romantic rejections, and manipulation of tobacco industry.

Among these content analysis studies, Cohen and her colleagues (2007) evaluated 399 television commercials from the Centers for Disease Control and Prevention (CDC's)

Media Campaign Resource Center database to examine how core health communication theories and emotion appeals were applied. The study found that antismoking advertising relied overwhelmingly on appeals to attitudes, as opposed to other elements suggested by theories. They concluded that the ads were more likely to use informational and humor appeals, rather than sadness, fear, or anger appeals.

Some other more recent research focused on exploring the persuasion effects of emotional appeals in health messages. In particular, Witte and her colleagues (Witte 1998, Witte and Allen 2000) theorized the persuasion process of fear appeals and considered that the use fear appeals in public health campaigns can be effective if the high fear appeal message is accompanied by high-efficacy information such as providing behavioral recommendations. More specifically related to antismoking messages, the experimental study by Leshner and Cheng (2009) found that the antismoking ads stressing more negative outcomes were more likely to be remembered by audience; another focus group study found that the ads considered to be persuasive by the youth tend to include the themes of addiction, short-term health effects, long-term health suffering, athletic performance, role modeling for younger siblings, and effects on the family (Teenage Research Unlimited 1999).

Another study conducted by Ibrahim and Glantz (2007) reviewed tobacco control media campaigns between 1967 and 2006 in seven US states and of the American Legacy Foundation, which is known for its *Truth* campaign; their study findings suggested that industry manipulation frames could be effective as the campaigns directly confronting the lies and deceptive practices of the tobacco industry appeared to generate successful campaign results.

To sum up, despite researchers' continued interest in identifying and characterizing the thematic frames of antismoking messages, evidence of the efficacy of different themes used in antismoking messages is limited and contradictory (Pechmann *et al.* 2003, Wakefield *et al.* 2005).

Ethical considerations and theories in health communication

Besides strategic elements in planning public health campaigns, there are ethical considerations. Antismoking messages, as a form of communication that aims to change people's attitudes or behaviors by touching on deeply held personal preferences and values, are bound to raise ethical questions. Ethical issues can be found in every stage of a communication program, from the conception of goals, selection of target populations, and design of messages to implementation and evaluation (Burdine *et al.* 1987, Doxiadis 1990, Guttman 2000, 2003). On the other hand, communication that aims to bring about positive changes in people's lives concerning health may be considered inherently as a virtuous effort or 'benevolent endeavor' that is premised morally upon the noble justification (Rogers 1994) and has no effects that can be described as bad or undesirable (Seedhouse 1988). Theoretically, such orientation on consequences as the main determinant of the ethicality of a public health message is a teleological perspective. Teleological ethics are best summed up by utilitarianism, which values efficiency and outcomes through the idea of maximizing the greatest good for the greatest number within society's limited resources.

Guttman (2000) observed that the essential concerns in health communication ethics are related to persuasion and paternalism. In the context of speech acts, the communication activities in health communication include exposing, threatening, predicting, promising, encouraging, warning, and recommending, each with its attendant ethical implications.

Another set of concerns focuses on the infringement of autonomy, of which one facet is associated with truth telling. Messages that do not fully disclose all the facts, distort or exaggerate information, or make claims that deprive individuals of the ability to make autonomous decisions can be considered as manipulative or deceptive.

Based on utilitarian reasoning, the use of persuasion techniques such as exaggeration, omission, fear, and other emotional appeals in antismoking messages may be justified even if such message strategies may be problematic or cause harms to individuals, such as creating undue anxiety, labels or stigmas, or triggering contradictory reactions. Earle (2000) provided an example that a former cocaine addict was reminded of his enjoyment from the drug and nearly started using drugs again.

Theoretically in contrast with the teleological perspective is the deontological view. Some scholars have questioned the teleological focus in health communication by suggesting that a message should be assessed for its intrinsic moral worth rather than its outcome (e.g., Guttman 1997, 2000, 2003, Kirby and Andreasen 2001). This orientation on messages' intrinsic moral value is a deontological perspective. Based on deontological ethics, antismoking messages that employ exaggeration or fear appeals would be wrong even if they could effectively change target audience's attitudes or behaviors.

Research on the ethics of public health communication has been very limited. Most of the little discussion is philosophical or prescriptive (e.g., Guttman 2000, 2003). The endeavor of attending to ethical issues in public health communication is not only a moral prerequisite but also carries pragmatic significance (Guttman 2003, Lee and Cheng 2010). In the study by Lee and Cheng (2010) that content analyzed 826 antismoking ads from the CDC, significant relationships were found between ethicality and the ads' thematic frames, emotion appeals, sources, and target audience. Their findings present compelling evidence about a link between ethicality and message attributes, suggesting that judicious framing of health messages is a necessary component in public health communication.

Thus, in addition to exploration on the strategic development process of antismoking messages in the United States, the current study also examines how US public health officials view different message appeals, which may carry future implications for theoretical discussion on the ethical dimensions in health communication. The major research questions are proposed as follows:

RQ1: What is the strategic process of antismoking message development in practice?
RQ2: How do antismoking campaigners view various message appeals?
RQ3: What are the ethical considerations in antismoking message development?

Method

Depth interviews were conducted over the telephone with 22 public health officials and ad agency professionals involved in the conceptualization, production, and dissemination of antismoking messages in the United States. The interviewees came from diverse state tobacco control programs and their respective ad agency affiliates including that from Alabama, California, Indiana, Iowa, Nebraska, New Jersey, Nevada, North Dakota, Ohio, Oregon, South Carolina, Vermont, Washington, and Wisconsin. Among the 18 public health officials were Director of Alabama's Tobacco Prevention and Control Division, Chief of Tobacco Control Program's Media Campaign Unit at California Department of Public Health, Communications Manager of Tobacco Control Program at Massachusetts Department of Public Health, Manager of New Jersey's Youth Comprehensive Tobacco Control Program, and Communications Manager of Oregon's Tobacco Prevention and

Education Program. The four advertising agency professionals were advertising executives and managers from agencies, such as Knupp & Watson & Wallman, Inc. and Northlich, who had worked with state tobacco control programs to produce the antismoking messages. We initially set out to interview only public health officials but during interviews, several public health officials suggested that we also speak to their advertising agency partners to obtain additional insights on the development and planning of the antismoking campaigns; thus we also contacted and interviewed the recommended advertising agency professionals that have collaborated with state public officials to obtain a more complete picture of the development process of antismoking campaigns.

The contact information of potential interviewees was initially obtained from a database of state public health program administrators for tobacco control. After initial contact, snowball sampling was also used to expand the list of potential interviewees. For our depth interviews, snowball sampling is an appropriate technique to target a small and select group of health communication professionals who were highly involved in the development of antismoking message and planning of antismoking campaigns across the United States. A total of 22 completed interviews were conducted by the two researchers and a graduate student, who also helped with the transcription work.

The depth interviews were designed to help us understand the state-funded tobacco control work across the United States with regard to the approaches to the conceptualization, execution and dissemination of antismoking messages, and the decision-making processes involved in each step. The duration of interviews ranged from 22 to 61 min (average of about 50 min) each. In a structured interview format with open-ended questions, interviewees were encouraged to talk at length about their experiences and share their views about their approaches to the conceptualization, execution and dissemination of antismoking messages, according to their own definitions rather than tailoring their responses to pre-determined categories and questions as in a survey. Additional questions included the interviewees' views on different antismoking message appeals and the nature of antismoking communication in general compared to other public health campaigns such as HIV/AIDS or heart disease. Other background questions covered the interviewees' current titles, job responsibilities, and previous positions and experiences with regard to public health and antismoking campaigns.

The conversations were audiotaped with the interviewees' permission and transcribed to yield a rich tapestry of anecdotes, metaphors, and pontifications grounded in interviewees' experiences with campaign planning in tobacco control. The transcripts were systematically analyzed following Strauss and Corbin's (1990) approach, beginning with open coding by identifying the themes that emerged from the raw data, and followed by axial and selective coding. We first singled out fragments that ranged from a single word (e.g., an adjective such as 'effective' to characterize a campaign message) to full pages of single-spaced text (lengthy description of an incident illustrating the challenges of campaign planning). The process was repeated for fragments relevant to each research question. The fragments were reorganized according to emerging common themes to answer the research questions.

Findings

Development procedure

It was found that written guidelines of campaign development or message selection criteria were nonexistent. Many mentioned outsourcing or collaboration with ad agencies or media contractors to develop antismoking campaigns. Some smaller states may adopt

messages created by other government agencies or organizations. Background research would be conducted in the earlier stages of campaign development process, including reviewing smoking prevalence rate statistics and involving nation-wide experts to identify the trends that need to be addressed. Copy testing research, such as using focus groups to understand audience responses to different messages, is also often conducted, some even throughout the campaign to monitor the effects. Some example quotes are as follows:

> Well, we hire out a lot of our activities. We generally have a media contractor come to us with ideas and messages and audiences that they think would be appropriate. And we work together as team to decide if that's truly what we want to do and we think that's appropriate. Our tobacco program relies heavily on research done in other communities, in other states, as well as our own. So we want to make sure the messages we put out aren't just what we think are good, but what have been tested to be effective, and we also focus group test all of our messages and advertisements with Oregonians as well. So, it's kind of a long, on-going process. It's not just one process, it goes on and on.

> The agencies actually do that [developing antismoking campaigns]. [. . .] we brought in a panel of experts from all over the country to have a discussion about what the new trends were around the country in counter marketing, advertising and tobacco prevention and they were experts in media campaigns in tobacco to give us some insight in what we should be looking [. . .] so that kind of started the process and then the ad agency within the contract, there is always some sort of language that they have to do with the research, they have to do some pretesting some research to base the campaign on so that is always included in there and in fact it is done throughout the campaign [. . .] whenever we are looking to kind of refresh things.

As the official guidelines of antismoking message development do not exist, it is interesting to note that some interviewee mentioned an informal way of making decision on ad selection, in addition to the traditional methods of message pretesting such as focus groups. This brings about the tacit approach of selecting messages and signals a political aspect of antismoking campaigns. An example quote is below:

> Well, we have always used focus groups to help us with that [evaluating messages]. We also have kind of an informal group of people here at DHS who help us determine if we think an ad is appropriate. We also have to run all of our, or at we have had to, it might change, but up till now at any rate, we have run all of our television advertising through the health committee in the governors office to judge political sensitivity of an advertisement.

Diversified message appeals

There exists a strong diversity in approaches to tobacco control messages, for example, the use of emotion appeals, despite the officials' overt reliance on studies and research findings to conceptualize effective messages for their programs. Some states, such as California, prefer hard-hitting messages with graphic elements while other state programs, such as Indiana, tend to favor a relatively softer or more supportive approach. For example:

> I have seen some ads on CDC that are very graphic that are showing smokers that are disfigured from surgery and horrible pictures of smokers' lungs and things like that we have stayed away from here in Wisconsin. [. . .] I don't think they do [*I don't think these graphic ads work better than more positive ads*]. I'm just a practitioner here and just from talking to people who work in anti-tobacco in every single state both the program and all the advocacy groups. I think most of us feel that the ugly ads, the demeaning ads, the yelling ads don't work. I think we try and take the high road here.

> Well, in general, I have not seen much research that shows that the positive ads work very well. Now again, there's always the caveat that it depends where you are, but I think the ads that have been shown to work the best are ads that do talk about especially the harm that is caused to a family member by someone else's smoking behavior. Because, either that person

> has died or is ill or for whatever reason their behavior has affected others. *I guess that would be called negative, but I think those tend to work better in general than positive ads.* With the possible exception of just asking people to quit, but that's an entirely different, that's a very particular message. And that's not the only message we want to get out there, so you know maybe positive ads work a little better in encouraging people to quit. But I don't think they work better in general getting folks not to start smoking and protecting people from secondhand smoke, things like that.

Despite the diversity in their approaches to message appeals, the consensus among the interviewees is that the health campaigners should select/design messages based on who the target audience is and where they are geographically located. In other words, it is widely believed that messages should be tailored by considering the demographics and other background factors of the target audience in an antismoking campaign. Some examples quotes are below:

> Again, I think it really depends. I mean, I don't think they would work as well across the board. I don't think they would address every message we want to get out there, positive or negative.

> I guess I would just feel that if they had tested in that community or that state and found them to be effective. If they had tested well, I would think that whoever wanted to put them on should fight for them no matter if they do upset some people. If they look like they're going to work in that community, they should certainly try and make it work. I think every place is different, to a certain extent, and what works here might not work in New York or LA . . .

> You know there's a campaign that's different parts of a person, a campaign saying so-and-so died three months ago. Again, I think what has to happen is if you just have one message and one campaign, you'll just get one small percentage of the people. I mean, what motivates one person one day won't motivate another person on another day.

> Everybody's thinking of one message getting to everybody. That don't work. That message may get to 20% of the people. If you, on the other hand, went and said 'This is what you spend a year on cigarettes. You could have a two-week vacation in the Bahamas. Would you quit and save the money?' That would probably appeal to 20%. If you went out and said 'The tobacco companies have lied to you and killed you to make them mad, that would probably appeal to 20%. *Different things appeal to different people at different times.*

Ethical considerations

Written codes of ethics for tobacco control work were found to be nonexistent. Most of our interviewees did not use and were not supportive of the creation of codes of ethics for the design and execution of antismoking ads. However, ethics appears to be an integral and implicit component of the decision-making process, in different ways. First, some public health communicators rely on teleological ethics or a utilitarianism perspective, focusing on consequences and the idea of changing individuals' behaviors for their own sake. Based on this reasoning, some interviewees considered the use of tools of persuasion such as exaggeration, omission, fear, and other emotional appeals in public health communication messages may be justified. For example, when asked for her opinion about the criticisms that using fear tactics or graphic elements to frighten people to stop smoking is unethical, one interviewee responded:

> I think that the whole hard facts that 400,000 people die every year from tobacco use prove that we are not being unethical, that we need to maybe go to the extremes to get our message out.

Another interviewee shared a similar view:

> I think that [the antismoking ads] certainly do [exaggerate], but I think that if the tobacco companies can say that nicotine is not addictive for 50 years . . . I think if the anti-tobacco

> forces can exaggerate things to make a point then that's okay. I know your . . . I'm sure your familiar with the TRUTH ads out of Florida originally and then the legacy. You know piling up a big stack of body bags in the middle of a city, even if the number of body bags isn't right it is obviously a visual exaggeration but it gets the point across.

For those interviewees who expressed reservations about using more graphic messages, guilt-inducing ads, or fear appeals in their work, conveyed a different perspective. Values such as truth telling, respect for audience, and avoidance of harm were often noted as their core beliefs and part of the reasons why they opted to use alternative approaches. To illustrate this complex reasoning process, we selected the following quotes:

> We never ever want to put something out there in print or media or whatever that is untrue so any facts or information that we use we research heavily. We get a lot of information of course from the CDC and other health organizations that have done lots of research so every fact that we use in advertising can be justified as a source and if you look at our website you will see that anything that is up there is a source page for it so if anyone wants to look up any information and find facts to back up that fact. That is definitely the number one thing about being responsible. We feel we're the ones to get the truth out there based on science, not just marketing.

> First of all, I'd like to talk about the fact that I started out thinking anti-smoking, but I no longer say or even think anti-smoking, cause that's not what we're doing. We're not doing anti-smoking, we're doing health promotion. We're not doing anti-smoking. And, whether you're trying to help somebody quit smoking, in terms of on an individual basis, or whether you're trying to persuade a current smoker that it's not right to smoke in any public place, I would believe it will do absolutely no good whatsoever to use any kind of guilt. None, zero . . . Now there will be some, I think there will be some inevitable guilt that nobody did anything on purpose to stir up when an individual smoker realizes for the first time in his or her life how incredibly . . . Maybe talk down to smoking audiences, and to the extent that has happened, that is wrong. That's just completely wrong.

> You can say just telling the truth about secondhand smoke being a toxic substance is fear. [But . . .] you should never talk past your numbers. And there's debate, healthy debate, going on all the time about on these, for example, on the list-serves about whether when the Surgeon General's report came out and there were some people who picked up on the concept that there was some information in there that you could extract and argue that in 20 minutes or 30 minutes . . . of exposure to secondhand smoke you could end up with a heart-attack or a very serious illness. I ended up with mixed feelings about the use of that, and it was used quite a bit. . . . I could be so wrong, but I just kind of ended up with the personal opinion that to push that was kind of fear-mongering. I suppose it could happen. I don't think that the report lied at all, but to kind of spread that a lot and imply that I go and sit in a smoky bar for 30 minutes there is a serious risk that I'm going to keel over dead. . . . Some of that has happened, and it's unfortunate. Because the truth, the unvarnished, unspun, unhyperbolized truth, is emphatic enough.

> Well it's interesting because we have actually had a lot of conversation about that among our board and other partners because yes, that is one mode of operation that some campaigns use. We have not really gone directly into that route. I mean we have probably had what some people call hear-tugging ads but we have never done the really graphic ads. We definitely have never done anything to try to bring . . . to villainize a smoker to make them feel bad because we just have an overall philosophy that we are here to help.

Situational challenges

During the interviews, we found a set of situational variables as constraints and challenges for health communicators. These factors appeared to have significant impacts on tobacco control programs, including financial, political, and social considerations. As a result, state public health officials' control over the uses of antismoking ads in their programs is

limited to an extent. State budgets largely determined the extent of their communication efforts, and thus the development of their own antismoking ads. Recent budget cuts reduced the scale of media campaign in a state program and increased the reliance on CDC-licensed and -provided materials. Most interestingly, the political and socio-cultural atmosphere in a state influenced the selection of antismoking messages. For example,

> Remember we are a small state and we don't have a lot of ads. [. . .] We've focused again, like I've said, over the last few years on the dangers of secondhand smoke and the ads that we've used. We've had a very popular ad that concentrated on workplace exposure to secondhand smoke and the harm caused by work-place exposure. Also, some popular ads on the harm caused to children and to other family members by exposure to secondhand smoke. That's been our main concentration. We've had very few ads that talked specifically about quitting because we haven't needed to. We've had other ways to get people to call our quit-line and try to quit smoking so we haven't needed to use television advertising for that message lately, but we will again when we have some more money.

> I can recall an ad that got my wrist slapped. We used some radio spots from CDC and I'm just thinking do I want this in an article. I'll just tell you this and see where we go. We got some ads from CDC and put them on the air [. . .] and some people felt the ads were . . . the state got some phone calls from people that didn't like the ads. They felt they were too [. . .] gross [. . .] and some older people were listening to the stations that normally just target youth and they heard these ads. And I think the state got a handful of phone calls.

In terms of other issues for antismoking campaigns, a widely identified one is the ongoing challenge to communicate with changing audiences, especially younger generations. Other issues that make antismoking campaigns especially challenging include antismoking campaigns that basically deal with a product that is legal in the society, while secondhand smoke moves the issue of smoking from an individual health level to an environmental level. To reflect these issues and challenges, we select the following quotes:

> I'm sure the ads that were effective before 9/11 were not as effective after 9/11. In other words, when there's events that take place, people's minds are on different things. If we had a major actor or major politician suddenly having a cancer related, tobacco related disease, and they were coming out and saying "I am dying," that may affect a lot of people.

> Well, it seems the target audience, which are kids age 12 to 14, every three years you've got a new set of kids, because the other ones are now 14 to 16 or 15 to 17. When you go out to the kids you find out this day and age in 2007 what kind of messages will resonate with them and which ones won't. [. . .] And after you've done enough of these campaigns, you're going to get groups of kids that tell you "Hey, [. . .] you'll have to find other ways to tell us to stop." And that's where you get into the social messaging, and you do that for a year or two so they're getting that message, but now they've never heard the medical message. It's a whole new group of kids.

> Well, first of all you have to remember one of the challenges is smoking is not illegal. It's legal, and you're trying to get people to not do something that is legal. You know, if you're trying to get people not to drink and drive, well, it's illegal to drink and drive. If you're trying to get them not to drink before the age of 21, there's already a law saying you can't do that. There's a different way to attack that. In our case, you certainly can't threaten anybody saying we're going to call the police if you smoke. Well, it's legal to smoke. It's legal to sell cigarettes. [. . .] And that makes it probably a different challenge than somebody might have in a different area.

> In the case of smoking, everybody can be negatively affected by the fact that somebody smokes. If you're in a building where there's smoking, then you're affected too even if you aren't the one smoking. [. . .] Whether they're in an apartment complex and somebody's smoking or they're in a restaurant, which in this state they can't smoke in but in some states they can. It's not a matter of them having the personal right to smoke, it's a matter of you

having the personal right not to have to smell their smoke [. . .] So really, it's a hot topic. And, it's at the front of, I'm sure, most health departments.

Discussion

The depth interviews reflect what the public health officials/campaigners observed and learned how to develop antismoking campaigns in their work. First, part of the findings confirmed the instrumental role of research in the strategic development of antismoking messages in earlier stages. Research is broadly agreed as a step to gather information and identify trends and issues that need to be addressed. Just as suggested by the social marketing approach, the interviewees had a consensus that antismoking messages should be based on research and be tailored for different target audiences/publics or for different communities. Along with the concept of tailoring messages for target audience, copy testing research was also found to be often conducted prior to the official launch of campaigns to assure better effectiveness.

Related to the consideration of target publics in a campaign, one challenge widely identified by the interviewees is to keep up with the changing faces of audiences, particularly for the youth-oriented programs. This challenge suggests needs for more frequent research to make close observation of the changing populations and for more new, high-quality messages for a different generation, which naturally requires much campaign resources, such as budget allocation. Thus, although not specifically articulated, the challenge to keep up with the changing faces of target publics is in fact not only a strategic consideration but also a financial challenge in a time of budget cuts.

With regard to different message appeals, it is interesting that the interviewees support a diversity of approaches. Some focused on the outcome of communication and believed that negative appeals, such as fear tactics and use of strong visuals, were likely to be more effective and thus better, while others held that there could be different approaches that were less aggressive or offensive but also persuasive. Such disagreement is probably not too surprising, since past research has not yet been able to conclude how various kinds of antismoking messages work.

In terms of the ethics dimension, use of negative appeals has its theoretical grounding in the teleological and utilitarian perspective that often drive the work of health communication campaigns, while some of our interviewees had reservations about using negative messages and expressed concerns about potential harms, such as elicitation of discomfort among audience; induced emotions of shame, guilt, or anger among audience group who smoke; and stigmatization of smokers in the society. In contrast with extant literature (e.g., Guttman 1997, 2000, 2003, Kirby and Andreasen 2001) that suggests that public health communication is reliant on such teleological ethics and has ignored deontological ethics by focusing on consequences as the main determinant of a message's ethicality, some of our interviewees demonstrate a clear awareness of a deontological perspective, by suggesting that an antismoking message should be assessed for its intrinsic moral worth rather than its outcome alone.

In the views of the interviewees, the effectiveness and the ethicality of messages seem to be two major factors under debate. The reasoning of public health officials/campaigners in selecting antismoking appeals may not only have to do with their assessment of the message effectiveness but also have to do with their personal values and sense of professional ethics, in particular, truth-telling, respect for the audience and for their autonomy, and avoidance of harm. Health campaigners could consider assessing their campaign messages for evidence of ethical values in the planning stage through ethical

persuasion frameworks such as the TARES (Truthfulness, Authenticity, Respect, Equity, Social Responsibility, Baker and Martinson 2001) that emphasizes truth-telling of the message, authenticity of the persuader, respect for the audience, equity of the appeal, and social responsibility for the common good. A focus on positive values is consistent with a deontological perspective that has been marginalized in health communication (Guttman 1997, 2000, 2003, Kirby and Andreasen 2001). In health communication, doing right could be just as important as doing good.

It is worth noting that public health officials of tobacco control programs should also pay attention to how their agency partners develop antismoking messages, from an ethical perspective, since many interviewees mentioned outsourcing or collaboration with advertising agencies or media contractors to develop antismoking campaigns.

One special issue relevant to both ethical reasoning and legal consideration is the subject of secondhand smoke. Antismoking messages that address secondhand smoke are apparently aimed to discourage consumption of tobacco products that are legal for sale in the society by moving the issue of smoking from an individual health level to an environmental level. In the meantime, such messages may imply more blames on smokers and hold these individuals accountable for others' health.

Also insightful in the findings is that public health officials appeared to hold certain tacit knowledge in their work. Tacit knowledge, in contrast to explicit knowledge codified formally in manuals, handbooks, or policy statements, is uncodified, personal, and contextual and is based on experience, intuition, or gut feeling (Polanyi 1966, Nonaka and Takeuchi 1995). We found that, in the face of budget cuts, public health officials had tacit knowledge about how to also handle a complicated mixture of political pressures and public concerns. These constraining factors are intertwined and limit public health officials' control over the uses of antismoking ads, in several ways. First, smaller states may not afford the luxury of creating their own ads, while prevalent budget cuts today generally make development of newer ads less possible and increase the reliance on the source of CDC. Using the messages in CDC's collection is against the strategic concept of tailoring or localization; fortunately, the ads from CDC have been rated as relatively high on message ethicality (Lee and Cheng 2010).

Second, uses of antismoking messages, if not in line with the political and socio-cultural atmosphere in a state, can raise public concerns or political pressures that in turn, lead to budget cuts of state tobacco control programs. In other words, public health officials/campaigners need to be financially clever, politically correct, and socio-culturally acceptable – this knowledge is not formally written in books but learned through campaigners' personal experiences over the years on the job.

Overall, the findings serve as a preliminary report on the views of the interviewed US public health officials/campaigners with regards to the development of antismoking messages. Their emphasis on background and audience research suggests this as an important step in conceptualizing message themes in public health campaigns. Also shedding lights for health communication practitioners is the tacit knowledge of the interviewees in the decision-making process, which is found to encompass a set of financial, political, social, and ethical variables – in addition to the more explicit knowledge of how to create a social marketing campaign.

In spite of the meaningful findings in our study, we acknowledge the possible limitations of our sample of interviewees. Due to our interest in exploring the strategic and ethical issues in development of antismoking messages in the United States, most of our interviewees are heads of the media function in state tobacco control programs and some are account managers/directors who have worked with state department of health in

developing antismoking media campaigns. Future research can consider a different method with larger and more diverse samples. Ideally, the study will set forth an initial agenda for future scholars interested in this line of research and encourage public health officials to consider more effective messages that befit health communication's benevolent goals.

Conclusion

Antismoking campaigns may play a major role in shaping perceptions about and attitude toward tobacco use on both individual and societal levels. The current study focused on the development of antismoking messages and found that the process involves a set of factors that cast influences on the conceptualization of message themes and selections of antismoking appeals. Based on the depth interviews of public health officials/campaigners in the United States, the findings confirm the importance of audience research and point out the more personalized knowledge in the strategic planning process of antismoking campaigns, including financial, political, social, and ethical considerations. In particular, the interviewees' diversified views on antismoking appeals reveal the differences in their ethical reasoning about antismoking messages. The strategic aspects and the tacit dimensions identified in the findings offer insights to better understand the complicated process of antismoking message development, and the ethical values and frameworks of ethical advocacy discussed in the current study may be incorporated in the reasoning and the decision-making process of public health officials/campaigners in future tobacco control programs.

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