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Ethical Approaches to Lifestyle Campaigns

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The growing interest in lifestyle campaigns as a means to promote public health has increased steadily during the past several decades. Governments, national health organizations, NGOs, and wealthy donors are collaborating with media professionals and academic scholars to address the pressing health issues of the 21st century. To counter the potential negative influences of hundreds of lifestyle advertising messages that media consumers are exposed to on a daily basis, health communication professionals are designing more sophisticated campaigns that blend beneficial health information with various forms of entertainment media. This article discusses important ethical considerations raised by health professionals and media scholars and considers lifestyle campaigns within the context of competing ethical approaches to social change. A heuristic model is presented that facilitates a communitarian ethical approach to lifestyle campaigns, examining four important groups of stakeholders. Specific recommendations for future lifestyle campaigns based on this model are proposed.

Health communicators, media professionals, governments, and nonprofit organizations are addressing global health challenges with renewed effort and vigor in the 21st century, using new resources, media strategies, and forms of collaboration. Many countries are struggling to find sufficient resources to improve their population's health and decrease health inequities (Brouwer et al., 2007),

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pursuing innovative approaches to public health promotion. In the United States, the Obama administration's push for health care reform and alternative energy use requires lifestyle changes that have been brought to the forefront of the public agenda. One of the new resources lifestyle campaign planners are turning to in order to catch and hold the attention of audiences is entertainment media. Entertainment media lifestyle campaigns require new types of collaboration between health communicators and media professionals and present new ethical challenges to lifestyle campaign sponsors and planners.

This article focuses on the ethical issues encountered in lifestyle campaigns. A discussion of competing ethical approaches to lifestyle campaigns is presented. One specific ethical framework, communitarianism, is then advocated as the most appropriate ethical approach to creating, implementing, and evaluating lifestyle campaigns. Finally, a model of collaboration is presented consistent with a communitarian approach. Application of the model fosters ethical discussion and decision making among the various stakeholders of a lifestyle campaign. Based on this model, recommendations for planning and studying future lifestyle campaigns are offered.

LIFESTYLE CAMPAIGNS THROUGH MEDIA

Lifestyle campaigns have a long history but their use has increased in concurrence with the growth of media. Bouman (1998, p. 4) defines a lifestyle campaign as "a national intervention program with a mass media component in which the message is designed on the basis of formative research, consistent with the target group and setting, in such a way that the lifestyle campaign induces interpersonal communication and stimulates active seeking behavior for more information and/or support." This definition is consistent with Rogers and Storey's (1987) notion of a communication campaign as a preplanned set of communication activities that are intended by its creators to influence specific attitudes, values, beliefs, or behavior of a designated audience within a predetermined timeframe (p. 819). Lifestyle campaigns typically use media to draw attention to specific health-related behaviors such as diet, exercise, sexual practices, or substance use.

Snyder's (2001) meta-analysis of mediated lifestyle campaigns shows that U.S. campaigns have promoted many different kinds of health behaviors, including smoking cessation, condom use, mammography, pap smears, responsible alcohol consumption, wearing bike helmets, seat belt use, weight loss, and exercise. Some of these campaigns have been long-term, such as the many campaigns that helped to increase per capita consumption of fruits and vegetables by 19% from 1970 to 1995 (Puttman & Allshouse, 1997). The national *5-a-Day for Better Health* campaign is largely responsible for increasing the percentage of people who met the fruit and vegetable consumption campaign goal from

between 23 and 32% in 1989–1991 to 36% in 1994 (Crane, Hubbard, & Lewis, 1999; Krebs-Smith et al., 1995; Subar et al., 1995).

A review of more than 60 lifestyle campaigns in 18 countries of Europe shows a number of health-related issues that have been targeted, including a healthy diet (eating fruits and vegetables), exercise (walking, biking and other forms of exercise), good nutrition, disease prevention, food safety, and avoidance of certain foods (e.g., salt reduction) (Guittard, 2006). These campaigns have been funded by governments, non-government organizations (NGOs), national health boards and health ministries, consumer organizations, corporations, sports organizations, fitness and nutrition councils, private charities, universities, hospitals, commercial food growers, food safety organizations, insurance companies, churches, and local communities. The European community has made a strong commitment to lifestyle campaigns that promote healthy lifestyles and diets (EURODIET, 2001), particularly among children (Koletzko et al., 2004). International guidelines have been implemented for lifestyle campaigns in schools and community education programs that will be monitored by a national Nutrition Surveillance System (Bennett et al., 1999).

In The Netherlands, a *5-a-Day* campaign used a combination of creative radio and television ads, retail store contests, stir-fry demonstrations in local stores, distribution of healthy eating booklets, coloring contests for children, and the distribution of 12-lesson packets for primary school teachers called *Do Good Feel Good with Fruits and Vegetables*. The three-year campaign raised awareness of daily fruit and vegetable consumption guidelines for a healthy lifestyle from 17% in 1995 to 71% in 1998 among those buying the family groceries (Stables et al., 2001).

Similar campaigns to promote cardiovascular health and reduce cancer risk also have yielded favorable results. In Australia, the daily consumption of fresh fruits and vegetables increased from 4.1 servings per person in 1998 to 4.5 servings per person in 2000; in Norway, consumption increased from 2.5 times a day of fruits and vegetables in 1993 to 3.2 times a day in 1997 (Stables et al., 2001). *5-a-Day* type campaigns have been implemented in many nations, including national campaigns in Canada, Denmark, Germany, New Zealand, and Sweden.

Lifestyle campaigns also are flourishing in developing nations, focusing on HIV/AIDS and the prevention of STDs, reducing tuberculosis and eradicating malaria. Many of these campaigns focus on the most vulnerable age group for STDs, the youth. The need to reach youth who are consummate consumers of entertainment and the need to reach audiences who are not spontaneously interested in health messages are leading health communicators to change their focus from information campaigns common in the 20th century to more sophisticated lifestyle campaigns with an entertainment media component in the 21st century.

National governments, NGOs, and health agencies are now purposefully designing health campaigns that incorporate entertainment media. The purposeful use of entertainment to promote an educational message and induce social change by providing role models to promote the adoption of prosocial behaviors is more generally known as the entertainment-education (E-E) communication strategy (Bouman, 1999, p. 23; Brown & Singhal, 1999; Singhal & Rogers, 1999, p. 9). A lifestyle campaign that uses the entertainment-education (E-E) strategy must be grounded in theories of behavior change and in communication research in order to be effective.

The *Soul City* lifestyle campaigns in South Africa provide good examples of the implementation of the theory-based research-guided E-E strategy (Usdin et al., 2004). These campaigns rely on extensive formative research of entertainment media consumption and effects, coupled with the pretesting of drama storylines and audience responses to media characters to formulate an overall campaign strategy (Japhet & Goldstein, 1997). Specific communication theories such as Bandura's (1986, 2004) social cognitive theory and Sabido's (2004) theory of tones are then applied to the creation of dramatic stories that target specific lifestyle behaviors. The success of *Soul City* throughout southern Africa and documented effects of more than 125 entertainment-education productions worldwide produced by the Johns Hopkins University's Center for Communication Programs (JHU/CCP) demonstrates the powerful advantages of using entertainment strategically to influence health-related beliefs and behavior (Piotrow & de Fossard, 2004; Usdin et al., 2004).

The design of more sophisticated lifestyle campaigns that use entertainment media has important ethical implications that health communicators and practitioners should consider. These implications are now addressed through a discussion of different ethical approaches to lifestyle campaigns.

ETHICAL APPROACHES TO LIFESTYLES CAMPAIGNS

Lifestyle campaigns to improve health on the one hand and concerns about the ethical use of mass media on the other hand are closely intertwined. Bouman (1999) notes that "discussions about ethics are seldom heard in daily health communication practice" and are often discussed only after critical questions have been raised by third parties (van Woerkum, 1994). Guttman and Salmon (2004) recommend that the discussion of ethical issues that are embedded in public health communication interventions "should be put in the forefront and become an integral part of program development and implementation" (p. 533). Communication scholars and practitioners involved in persuasive communication are concerned about following ethical principles to guide their interventions (Baker & Martinson, 2001).

Lifestyle campaigns of the 20th century primarily followed a utilitarian ethical approach. Utilitarian ethics was conceptualized and developed by British philosophers Jeremy Bentham (1748–1832) and John Stuart Mill (1806–1873). Both men proposed that the pursuit of happiness is the process by which we can judge all human behavior (Christians, 2006). The philosophy of utilitarianism laid the groundwork for the rise of utilitarian ethics, which pervades much of Western culture. Utilitarian ethics is based on the value of consequences; right and wrong action is seen as that which leads to good and bad consequences. The ethics of an action is judged on the basis of its utility. In short, the end justifies the means if the end is good and useful and contributes to man's happiness. Choices are deemed ethical if they result in the greatest good for the greatest number of people. Christians (2006) points out that utilitarianism confuses what a person does because it results in physical or emotional happiness with what a person "ought" to do because it is right, stating that for utilitarians, "rightness and wrongness is determined by the overall value of the consequences" (p. 58).

The application of utilitarianism to public health has produced lifestyle campaigns guided by principlism, a philosophy of action that reflects liberal, individualistic culture that exalts the intellect and rationalism over other epistemologies (Callahan, 2003). These campaigns are reflected in the many decades of publicly funded health interventions around the world that have sought to increase knowledge of beneficial health practices. White (1996) cogently describes the consequences of campaigns that employ common social marketing strategies and a utilitarian ethical approach, observing:

The increasing resentment of the public toward the "selling mode" of media is not simply that consumer products are being thrust upon us continually or that every relationship of the media is to get something from us, but that the very concept of public communication is to transform our thinking and behavior according to designs of the author of the message. Our relationship with the media cannot be dialogue or exchange, but only defensive resistance. (p. 209)

Health communicators often encounter resistance from media consumers who feel estranged from health messages due to the constant bombardment of persuasive communication. The utilitarian model of ensuring the "good of the state," for example, the unified goal of eliminating diseases because they weaken the state, has often taken precedent over concern for "people's search for identities at the personal, local and regional levels" (White, 1996, p. 211). An alternate motive, for example, of combating disease because it destroys families and devastates local communities, does not emerge from the utilitarian perspective.

The weaknesses of utilitarianism have been debated since the 19th century (Christians, 2007; O'Shaughnessy, 2002). More recently, during the early 1970s, John Rawls (1971) began systematically exposing the failures of utilitarianism to produce a just society, advocating in its place a *contractarian* ethical theory that

considers the right to equal liberty as greater than the autonomy of the individual and seeks to foster societal contracts among individuals, institutions, and society that balance individual rights with social responsibilities. Contractarianism seeks to shore up the deficiencies of utilitarianism by stressing the intrinsic value of rightness over the notion of consequences for the common good (Feinberg, 1980). Rawls's (1971, 1999) theory of justice provided a model for a just democratic society based on rational social contracts of moral persons who have equal rights.

Although Rawls's (1999) approach improves the ethical footing of lifestyle campaigns, it still falls short of what is needed. The working out of contemporary contractarianism assumes that individuals live and act independently of their historical and social context (Shionoya, 1998). Contractarianism still holds onto principlism and, although it overcomes many of the problems of utilitarianism, it is an insufficient ethical framework for untangling the complex ethical issues of public health campaigns and public health policy (Callahan, 2003). Critics of the individual-centered contractarian vision of a just society argue that "any principle of justice cannot be superior to the common good" (Shionoya, 1998).

Communitarianism, a third ethical approach, is recommended here. In contrast to other ethical perspectives, communitarianism assumes that individuals cannot be detached from their social context and yet recognizes the value of each individual within that context, seeing each individual in relations with others (Etzioni, 1998). Christians (2007) argues that "an ethics of duty" is central to the communitarian approach and provides "a more compelling model of moral decision making" (p. 121). Philosophically, communitarianism is defined as "a model of political organization that stresses ties of affection, kinship, and a sense of common purpose and tradition" (Blackburn, 1996). Communitarians stress the social relationships and interdependence of people, giving preference to values such as generosity, compassion, peace, stability, solidarity, sympathy, and reciprocity (Ogunbanjo & Knapp, 2005). In contrast to the ethics of consequences, the ethics of duty holds that behavior is judged as being right or wrong on the basis of external values rather than on utility. The communitarian ethics of care rejects the notion that individual decision making is independent from social context (Vanacker & Breslin, 2006).

Communitarians regard community as essential to human identity and do not privilege individual liberties and individual rights above the welfare of the community. Although communitarians both recognize and value individual rights, they stress that individual rights must be balanced with community needs and responsibilities. A communitarian approach to public health emphasizes understanding a community's "shared values, ideals and goals and suggests that the needs of the larger community may take precedence, in some cases, over the rights and desires of individuals" (ACOG, 2007, p. 390). However, communitarianism is centered neither on the primacy of the individual, rooted

in liberal individualism, nor on the primacy of the collective, rooted in tribalism (Fackler, 2009). Sandel (2006) demonstrates that moral claims will not be persuasive if only grounded in tradition or consensus but must be based on moral judgment (p. 258).

People's health preferences are addressed through "moral persuasion, community appreciation of good conduct, and gentle chiding of those who do not do what is considered right" (Etzioni, 2003, p. 5). In utilitarian ethics, individual autonomy is supreme; therefore, providing information so people can make their own choices is the valued approach to lifestyle campaigns. Christians (2007) notes that this approach ignores the fact that we are "born into a sociocultural universe where values, moral commitments, and existential meanings are negotiated dialogically" (p. 124).

Communitarianism provides the ontological framework for viewing public health as a global enterprise routed in the shared moral value of the sacredness of life (Christians & Cooper, 2009). Thus, a communitarian approach moves away from the information-oriented lifestyle campaigns that rely on individualism, cognitive change, and rational decision making. Instead of focusing on disseminating health information, communitarian-based lifestyle campaigns encourage the use of communication strategies that create personal involvement, emotion, empathy, dialog, and collaboration. Lifestyle campaigns that incorporate entertainment media, including soap operas, fictional drama, popular music, dance, and theater, are most effective when communities are involved in the production process (Japhet & Goldstein, 1997). Communitarian health practitioners are sensitive to the limited access to health care of the disenfranchised of local communities, a reality that multinational companies often ignore (Wakefield & Barney, 2001).

Creating lifestyle campaigns on a communitarian ethical framework refocuses media strategies from reaching individuals with lifestyle messages to reaching communities where conceptions of good health practices "reflect the values of the community rather than the expertise of academic ethicists removed from everyday struggle" (Christians, 2007, p. 126). Instead of making lifestyle choices solely an individual endeavor, a communitarian approach considers both the rationality and morality of such choices to be derived from one's life within a community (Christians, 2004). Recent smoking cessation campaigns in the United States have utilized this approach when pointing out second-hand cigarette smoke affects everyone, not just individual smokers.

The advantages of communitarianism over alternate ethical approaches have been advocated by a number of health communication scholars (Callahan, 2003; Callahan & Jennings, 2002; Jennings, 2003; Etzioni, 1998; Leeder, 2004; White & Popovits, 2003). These scholars have recommended alternative approaches to lifestyle campaigns that depart from the deterministic, utilitarian campaigns that primarily use cognitive appeals. Many scholars have called for new directions

for developing and studying public health campaigns. These scholars include Singhal and Rogers (2002), who advocate greater attention to the rhetorical, play, and emotional dimensions of health messages in entertainment programming; Cho and Salmon (2007), who advocate learning from the unintended effects of communication campaigns; Guttman and Salmon (2004), who advocate the inclusion of ethical issues as an essential element of planning public health communication interventions; Dutta-Bergman (2004, 2005), who advocates a participatory, community, and culture-centered approach to lifestyle campaigns; Rakow (1989), who advocates the subordination of lifestyle campaigns to public dialogue; and Ratzan (2001), who advocates a health literacy built on shared values and community involvement. Although many of these alternate approaches include the application of critical theories, humanistic inquiry, participatory development, and self-determination strategies to health communication interventions, systematic attention to ethical issues is often lacking.

This lack does not negate that alternative approaches reveal health lifestyles have more to do with interpersonal relationships, emotion, and media involvement than they have to do with information flow, health knowledge, and rational decision making. Rakow's (1989) observation of the role of power in health communication shows that public distrust of the providers of health knowledge can derail even the most well-intended health interventions. Public distrust of government leaders and insurance companies, for example, is having a profound effect on the national public debate on health care in the United States. Trust is more than a cognitive construct; it is deeply embedded in how the public feels about risk, especially when the risk involves potential death (Glik, 2007; Tulsy, 2005).

The establishment of trust between sources of health communication and the public requires meaningful, open, and consistent dialogue between government and health authorities and community leaders that encourages multiple public discourses. Parrott (2004) notes that health communication scholars have paid little attention to societal discourses associated with public health. Thus, the work of Dutta-Bergman (2004) and others on community participation and social capital steers health communication scholarship in the right direction, emphasizing the relational and emotional explanations for health beliefs and social practices.

Changes to social marketing campaigns, particularly through the incorporation of entertainment-education communication strategies, as noted earlier, is a promising direction for lifestyle campaigns. Entertainment media and performing arts are recognized as a primary means of health promotion (Piotrow & de Fossard, 2004). Theories of drama explain how health messages are both cognitively and emotionally processed (Kincaid, 2002). U.S. government agencies have been infusing health messages in entertainment programs to promote sexual responsibility (Keller & Brown, 2002). Social marketing approaches to

promoting healthy lifestyles consider the role of entertainment and relational dimensions of communication to be critically important to successful campaigns (Dutta-Bergman, 2003; Hastings, 2003; Vaughan et al., 2000).

Lifestyle campaigns do not take place within a group of unrelated individuals but within the context of communities that represent intricate webs of interpersonal relationships. Health communicators who assume that individuals respond to health messages autonomously are often sorely disappointed. Decisions to adopt, reject, or reinvent mediated health messages always take place in the context of relationships and therefore are influenced by the attitudes, beliefs, values, and social practices of others. As Christians (2008) accurately notes, “the health of democratic life depends on the vitality of the public good” (p. 8), and nothing is more central to the common good than promoting public health. In the following section, we present a model for enhancing participatory and collaborative practices in designing and implementing lifestyle campaigns.

ADDRESSING ETHICAL ISSUES THROUGH COLLABORATION

There are numerous ethical issues associated with promoting public health through lifestyle campaigns (Guttman & Salmon, 2004). Brown and Singhal (1990, 1993, 1997) raised fundamental questions about entertainment-education initiatives that can be applied to considering the ethical issues of lifestyle campaigns. These include:

- (1) What lifestyle messages are considered to be prosocial (good for society) and which ones are not?
- (2) Who decides what lifestyles are socially beneficial?
- (3) What segments of the public should lifestyle messages focus upon?
- (4) How much should the intent of lifestyle messages be hidden within entertainment?
- (5) How can lifestyle messages uphold sociocultural equality by responding to all segments of a community?
- (6) How can lifestyle campaigns anticipate and minimize unanticipated negative effects of health messages?
- (7) How can researchers ethically study the effects of lifestyle campaigns when the use of control groups is necessary to determine if campaign messages are effective?

Bouman (1999) identified an additional ethical concern, referred to as the “professional role dilemma.” This dilemma deals with the paradox that health

communication professionals may violate the standards of others by applying only their own professional standards (p. 37). For example, creative media professionals guard against irritating audiences with what might be considered “preaching” social responsibility messages. Lifestyle campaign strategies can be perceived as a threat to individual freedoms (Taylor & Hawley, 2006). Many creative writers and producers feel they should not tell people directly what decisions are best and thus advocate dramatic stories with open-ended messages that have a high degree of ambiguity (Mayer, 2004). Health communicators, in contrast, may feel it is irresponsible to advocate health behavior without clarity and may attempt to force their standards onto media professionals who operate by a different set of standards when they produce quality entertainment.

These ethical dilemmas provide a practical starting point for creating and evaluating lifestyle campaigns. However, awareness of these dilemmas is not sufficient for applying a communitarian approach for formulating such campaigns. A model is needed to systematically process the ethical issues that arise in lifestyle campaigns. A critical theory perspective is useful in considering a communitarian ethic for lifestyle campaigns. Assumptions that “prevention is always good” and that disease prevention campaigns “are always justifiable” can be challenged by a critical stance (Duncan & Cribb, 1996; Have, 1987; Hertogh, 1989). Critical theorists promote the analysis of how and why campaign organizations promote certain values over others (Guttman, 1997; Salmon, 1989) and help to illuminate how social marketing techniques can neglect structural conditions that limit people’s choices to adopt beneficial health beliefs and behavior (Guttman & Salmon, 2004).

The ethics of Helping People Change (HPC) espoused by Duncan and Cribb (1996) also fall within the framework of a communitarian ethical approach to lifestyle campaigns. Applying a Foucauldian analysis, HPC interventions undertaken by health professionals are viewed with suspicion (Bouman, 1999), particularly those funded by governments, because of the power relations of the state over individuals dependent on the state. In the sense of expressing and reproducing discourses around healthy lifestyles and the ways these discourses penetrate into the minds of people, the state’s ability to create models of “healthy” versus “unhealthy” lifestyles and self-identities must be scrutinized by the public (Duncan & Cribb, 1996). Consistent with a social constructivist approach to the centrality of human interaction in determining ethical action, communitarianism positions the local community in which a campaign takes place as central to establishing an ethical process of health intervention. Such a process considers the “historical-contextual forces and culture specific values and motivations” of a local community (Whitelaw & Whitelaw, 1996).

The theoretical and pragmatic aspirations of both communication scholars and health communication professionals who have moved away from utilitarian thinking and practice for the past several decades have opened the health

communication field to new communitarian approaches to public health. It is therefore important to consider a communitarian ethical framework for creating and promoting beneficial health beliefs and practices. In the discussion that follows, we propose that lifestyle campaigns of the 21st century would be more effective by following a communitarian ethical approach.

National health organizations often assume their campaigns are legitimate because of their prosocial goals and assume they know what is in the best interests of the public. A communitarian approach helps to overcome the shortcomings that result when national health institutions become isolated from the local communities they are seeking to help. Health communication professionals need more theoretical models that enhance communitarian ethics. In the following section we present a model that addresses this important need.

A STAKEHOLDER'S MODEL FOR LIFESTYLE CAMPAIGNS

While living and working in West Africa, journalist and media scholar Mitch Land learned about the tradition of the Palaver Tree. Land (1992) explains:

For centuries, sub-Saharan Africans engaged in collective communication in the cool shade of the sacred baobab or mango trees in their villages. Beneath the *palaver tree* misunderstandings were resolved and critical community issues were discussed under the leadership of village elders. Villagers explained their points of view and together, through group consensus, reached a final decision. But the palaver tree stood for more than group discussions and problem solving; it beckoned the villagers by means of *talking drums* to join in harvest celebrations and other festivals and rites of passage. (p. 10)

What Land describes is the communitarian ethical approach in practice within the context of a local African community. The precolonial democratic institution of the palaver tree not only resolved conflicts but also promoted the concept of "mutuality" (Sopova, 1999), a primary value of communitarianism. Christians (2004) illuminates African forms of communitarianism in his discussion of *Ubuntu*, a word derived from the Zulu and Xhosa languages that means "humanity toward others" with human dignity as its core value (p. 2451). Bouman and van Tol (Bouman, 2006) provide a similar contemporary model for health communication campaigns. Land (2006) presents a pyramid model for ethical decision making that describes a collective process of moral reasoning based on the palaver tree tradition. The fourth triangular panel in the pyramid is identified as the stakeholders in the ethical decision, which must analyze and discuss the competing principles and values of the decision and consider

who has the most and least at stake in the decision. Bouman and Van Tol's model for lifestyle campaigns, provided in Figure 1, is based on a similar approach but provides much more detail by considering four distinct groups of stakeholders involved in the processes of a lifestyle campaign (Bouman, 2006).

Whether a lifestyle campaign can be effective will be determined by the quality of work relations of four fields and the negotiation and collaboration among groups of people within these fields:

- (1) the *team quality*, meaning the capacities, levels of experience, and talents of the designers and creators of the campaign;
- (2) the *process quality* of the campaign, determined by the financial means, the political demands, societal developments, and the level of scientific knowledge about the campaign issue;
- (3) the *quality of the organization* that manages and implements the campaign; and
- (4) the *chain quality* representing the collaboration among relevant national organizations involved with the campaign issue and collaboration with external environments such as local agencies, media providers, intermediaries, and change agents (Bouman, 2006).

The long-term success of a lifestyle campaign is contingent upon the quality of interaction among the stakeholders in these four fields that have different needs, concerns, goals, and priorities.

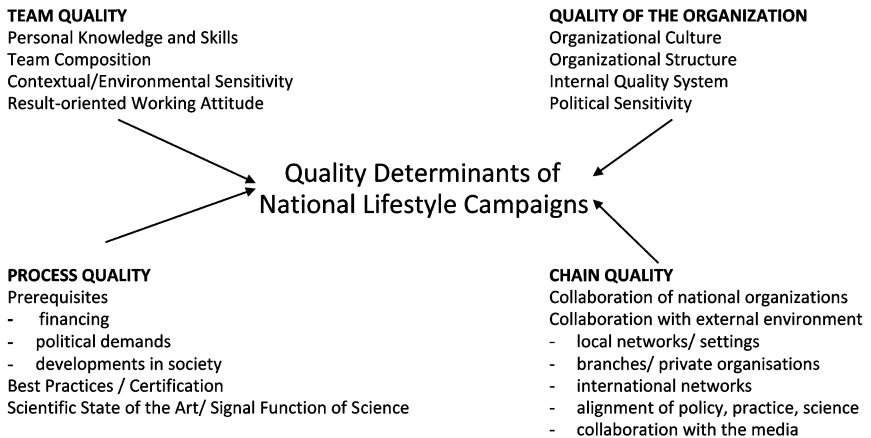


FIGURE 1 Quality Determinants of Lifestyle Campaigns. Source: Bouman and van Tol (Bouman, 2006).

Team Quality

The primary campaign producers must form partnerships in order to facilitate effective collaboration (Bouman, 2004). Everybody must be fully involved in ethical decision-making processes. The creative professionals may have focused concerns that are not shared by health communication professionals; likewise, the researchers may also have unique concerns.

Those who design a lifestyle campaign must address many of the ethical questions outlined by Brown and Singhal (1990, 1993, 1997) and Bouman (1999), such as how to use the persuasive power of media in a way that it respects the rights of free-willed people to make their own choices without coercion. They also must decide how to best reach the segments of the community which the funding source wants the campaign to focus on while also considering the needs of other groups. Health communicators are obligated to use campaign funds effectively to obtain the greatest influence they can in changing lifestyles. The ethical dilemma of maximizing effects at the cost of ignoring other values again illustrates the advantages of a communitarian ethical approach over a utilitarian one. A satisfactory campaign will do more than simply advocate certain health beliefs and practices; it will engage people in thinking about the implications of their lifestyle choices, that they might make the right health decisions.

Process Quality

The funders of a lifestyle campaign have obligations to either government representatives or to oversight boards and directors regarding how their funds are being used. Accomplishing the specific purposes for which funds were designated is an important ethical consideration. Often lifestyle campaign funding agencies place political demands on campaign creators and organizations. These pressures could be placed by society, such as in the case of health epidemics or contaminated food and water supplies, or by political leaders seeking to gain political capital by their support of a lifestyle campaign. The ethical interrelationships among funding sources and government stakeholders are complex and must be carefully considered (Wakefield & Barney, 2001).

Organizational Quality

Campaign organizations can vary in organizational structure and culture. For some organizations without prior experience in this field, designing a lifestyle campaign is a new challenge. Earlier campaigns were based on a medical approach (such as campaigns about cancer and cardiovascular diseases), while cur-

rent campaigns are based more on a lifestyle approach with a health-promotion rather than disease-prevention orientation. The development of an effective campaign may be hindered when organizations with a long tradition cannot shift their focus to a modern perspective on campaigning (either due to their dominant medical approach or to employees who lack interest in new innovative approaches). Sometimes more than one agency is involved in implementing and evaluating a health campaign. In such cases, close collaboration is important to insure that each agency is fulfilling the expectations of its organization.

Chain Quality

The fourth field that determines the overall quality of a lifestyle campaign is the quality of collaborative relationships among any international, national, regional, and local organizations involved with the campaign. Global health initiatives such as national HIV/AIDS campaigns involve coordination of agencies at our four levels to be successful. Lack of collaboration can lead to counter-productive outcomes. We briefly consider two examples of chain quality that illustrate the dynamics of the negotiation process.

In The Netherlands, a government-linked National Program Committee for Lifestyle Campaigns organizes seminars and workshops around this stakeholders' model and various stakeholders of lifestyle campaigns are invited to participate. Also, expert meetings are organized before the start of a campaign to create a solid basis for the design and implementation for a specific campaign. The pilot campaign for the prevention of hearing loss in music venues, for example, started on the basis of an expert meeting with social scientists, health communicators, audiologists, researchers, and government representatives. Due to a lack of evidence in the behavioral determinants of the hearing loss problem, the decision was made to start a pilot campaign instead of a large-scale national campaign. It would be unethical to bombard the audience with hearing loss messages and preventive measures when there was not enough solid scientific groundwork for justifying the need for hearing protection.

A second example of chain quality is the Dutch Healthy Diet and Low Fat Campaign. This campaign would not have had such an impact if the food industry, supermarkets, and fruit and vegetable producers had not collaborated. Various stakeholders in the food sector signed an agreement to collaborate under the umbrella of a steering committee for healthy food. This committee provided a neutral common ground for all stakeholders to discuss, negotiate, and decide about the strategy. Audiences not only changed their attitudes and beliefs about healthy diet and low fat consumption but also were able to purchase healthy and low-fat products in the supermarket because of the collaboration with the industry and food producers.

Implications of the Model

The stakeholders' model presented here emphasizes a communitarian ethical approach to lifestyle campaigns. No one group can view the campaign process in isolation of other groups. Communitarianism calls for the recognition of the perspectives of all groups in the collaborative process. The model also helps campaign planners and researchers to evaluate the effectiveness of lifestyle campaigns.

RECOMMENDATIONS

A communitarian approach to lifestyle campaigns requires that all stakeholders in the campaign process be fully engaged with the other stakeholders. As White and Popovits (2001) state, this approach requires:

... the ability to step outside oneself and perceive the complexities of a situation through the needs and experiences of the client, the agency, allied institutions, and the public. It is the ability to project the potential consequences of one's own action or inaction on these various parties. It is the ability to recognize when one is on ethical terrain. It is the ability to identify and analyze precise ethical issues involved in a particular situation and to isolate and articulate conflicting duties. It is the ability to weigh the advantages and disadvantages of various actions and to formulate ethically appropriate resolutions to complex situations. (p. 7)

Communitarianism provides the various stakeholders a supportive ethical framework that can guide them through these various processes. Based on this approach, the following guidelines are offered.

First, the potential stakeholders involved in lifestyle campaigns need to be identified and invited to share their needs, concerns, goals, and priorities with each other to achieve a mutual understanding of their unique perspectives. Second, the stakeholders must collectively agree on the responsibilities and authority of each stakeholder. Third, stakeholders should decide when to communicate with each other, through which channels, and how often. The most fundamental law of communication among various parties interacting on a lifestyle campaign project is that there will be miscommunication. The goal of developing a communication plan is to minimize misunderstandings among the various stakeholders. Finally, there must be a means for any stakeholder at any time to gather all stakeholders together to discuss a concern. This is especially important for ethical concerns. There are numerous examples of human endeavors that ended in disaster, many explained by Janis's (1982) theory of *groupthink*, because those who had ethical concerns about the risk of failure of a certain course of action did not share this concern with others (Turner & Pratkanis, 1998).

The complex process of engaging publics with beneficial health messages through lifestyle campaigns requires collaboration and negotiation that can best be facilitated by a communitarian ethical framework. The model and recommendations presented here are intended to bring to the surface important ethical concerns that can be addressed by all the stakeholders involved in the creation, production, and evaluation of lifestyle campaigns.

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