Mass Media Campaigns to Prevent Chronic Disease—A Powerful but Underused Tool

Rachel J. Stern, MD

In 2009, New York City embarked on a mass media campaign and policy initiative to highlight the link between obesity and “sugary beverages”—drinks containing more than 25 calories per 8 ounces (other than milk and 100% juice). This initiative led to a substantial reduction in sugary drink consumption among adults and adolescents.1 In this issue of JAMA Internal Medicine, Thomas A. Farley, the former New York City Health Commissioner who oversaw that program, highlights the value of mass media campaigns.2 Farley, now the chief executive officer of a nonprofit organization that supports mass media campaigns, discusses their role in promoting healthy behaviors such as smoking cessation, physical activity, and motor vehicle safety.3

Mass media campaigns require specific components to improve population health. Farley emphasizes that messages should be well crafted and visible enough to saturate the target audience—an expensive undertaking.2 Campaigns also have greater impact when paired with policy initiatives that facilitate the desired behavior changes.3 Along with advertisements, New York City banned sugary drinks other than milk and 100% juice in public institutions and capped portion sizes for those beverages in restaurants at sixteen ounces.4

Of course, mass media campaigns can also undermine efforts to promote public health. In the 1990s, Philip Morris, the tobacco company, funded a campaign that encouraged parents to “talk to their children about tobacco use.” The program was associated with an increase in teenagers’ intention to smoke in the future and lowered their perception of harm from smoking. This is remarkable given the strong evidence that publicly funded smoking cessation campaigns reduce tobacco use.3 A news media report recently showed how Coca-Cola Company, the world’s largest producer of sugary beverages, used a related approach when it funded a nonprofit research organization that promotes exercise, and deemphasized the importance of cutting calories, as the solution to the obesity epidemic.4 The well-orchestrated efforts of both a tobacco and a soft drink company to use marketing messages to negatively impact public health proved to be powerful.

When well executed, mass media campaigns can complement the efforts of clinicians to prevent chronic disease. What limits their use? One barrier is that campaigns often have high up-front costs. The 2012 Tips From Former Smokers campaign of the Centers for Disease Control and Prevention (http://www.cdc.gov/tobacco/campaign/tips/) was considered quite cost-effective at $480 per person who quit smoking long-term, a bargain by most standards. But most municipal and state health departments lack resources, and this effective campaign required $48 million to implement.5 Even if they had sufficient resources, they might use the money to provide more services rather than to fund campaigns.

Although it would be desirable for health departments to have more financial resources, private organizations can play important roles in strengthening mass media campaigns, as Farley argues.2 For example, nonprofit organizations may be more likely than government agencies to tackle politically sensitive topics, such as firearm injuries. Accountable care organizations and health plans might also develop campaigns. I look forward to learning, a decade from now, about the many substantial accomplishments of the Public Good Projects.

Conflict of Interest Disclosures: None reported.