
Advertising Health: The Case for Counter-Ads

LORI DORFMAN, MPH
LAWRENCE WALLACK, DrPH

Ms. Dorfman is Associate Director, Berkeley Media Studies Group, and a doctoral candidate at the School of Public Health, University of California, Berkeley. Dr. Wallack is Director, Berkeley Media Studies Group, and Professor at the same School of Public Health.

Teasheet requests to Ms. Dorfman, Berkeley Media Studies Group, 2140 Shattuck Ave., Suite 804, Berkeley, CA 94704; tel. 510-204-9700.

Synopsis

Public service advertisements have been used by many in hopes of "selling" good health behaviors. But selling good behavior—even if it could be done more effectively—is not the best goal for using mass media to prevent health problems. Personal behavior is only part of what determines health status. Social conditions and the physical environment are important determinants of health that are usually ignored by health promotion advertising. Public service advertising may be doing more harm than good if it is diverting attention from more

effective socially based health promotion strategies. Counter-ads are one communications strategy that could be used to promote a broader responsibility for rectifying health problems.

In the tradition of advocacy advertising directly promoting policy rather than products, counter-ads promote views consistent with a public health perspective. Counter-ads set the agenda for health issues, conferring status on policy-oriented strategies for addressing health problems. The primary purpose of counter-ads is to challenge the dominant view that public health problems reflect personal health habits. They are controversial because they place health issues in a social and political context.

Advertising strategies for health promotion range over a spectrum from individually oriented public service advertising to socially oriented counter-advertising. The recent anti-tobacco campaign from the California Department of Health Services represents advertisements across the spectrum. Counter-ads that focus on a politically controversial definition for health problems are an appropriate and necessary alternative to public service advertising.

THE PERVASIVENESS AND PURPOSE of advertising makes it seem powerful and useful for health promotion. The Partnership for a Drug Free America campaigns, for example, have had incredible reach. Everyone knows the "this is your brain on drugs" public service advertisement (PSA) that has appeared on television. But has it been effective? As the PSA is ridiculed on t-shirts, in rap videos, by comedians, and by America's most popular teens on the television program, "Beverly Hills 90210," it has become an icon of ineffectual drug abuse prevention. The Partnership for a Drug Free America has made its mark on popular culture, but has it prevented any drug abuse? Familiarity with anti-drug slogans does not necessarily translate into drug-free behavior. Some critics have suggested that such spots may do more to satisfy the needs of the advertising industry to maintain a positive public image than to promote health (1-3).

Selling health behavior is not the same as selling

consumer products. Moreover, selling behavior—even if it could be done more effectively—is not the best goal when using mass media to prevent health problems. Personal behavior is only part of what determines health status. Public health problems are complex, "wicked problems" (4) with layers of cause and effect that are difficult to disentangle from society's other social problems, such as poverty, unemployment, education, and housing. Despite their relationship to other social ills, health problems typically have been described as individual problems that are personal in nature.

Although environment is considered important, it rarely receives as much attention as the individual person in either research or prevention, despite the historical evidence that suggests improvements in the social and physical environment and rising living standards have had the greatest benefits for health (5). Understanding problems from a public health perspective means including the social, eco-

nomic, and physical environment, not just the individual person, in problem definitions and solutions. The question is how to use advertising to focus attention on social conditions.

So far, health promotion advertising, in the form of PSAs, has been used to maintain the status quo focus on people, to the benefit of advertisers and industry, and to the detriment of public health. From a public health perspective, the mass media could contribute to the solution of health problems by focussing attention on the well-documented conditions that give rise to and sustain disease. Instead, the media tend to focus on disease conditions to the exclusion of broader social factors. A major challenge for public health professionals is to use advertising to shift attention from the personal to the social. Counter-ads present an alternative approach, one that shifts attention from the person to the attending social, political, and physical environment.

In public health communication campaigns, the deep, complicated roots of problems are virtually ignored in favor of messages that hold the individual person responsible. This is true in the mass media as well. News, entertainment programming, and advertising all tend to hold people responsible when they depict health problems. Iyengar makes a detailed study of this phenomenon in television news (6). This may be a reflection of the strong underlying ethic of individualism in America (7), or it may be a consequence of storytelling conventions that give preference to the "personal angle" over the more complex and less emotion-inducing institutional forces that contribute to health problems. The mass media routinely omit social causal factors for problems. Instead they emphasize "individual carelessness, incapacity, bad luck, affliction, or fate" (8).

Public service advertising is a highly visible communications strategy used to promote health. Health promotion advertising may be doing more harm than good, however, if it is diverting attention from more effective socially based health promotion strategies. Counter-ads, as we define them, are one communications strategy that could be used to promote a broader responsibility for rectifying health problems.

We begin by examining the ideological underpinnings of advertising strategies used for health promotion. We describe how a public health perspective on alcohol, tobacco, and other drug problems demands a shift in emphasis from personal habits to social conditions. We then describe the particular contribution of public service advertising

to setting social and policy agendas. We find that advertising strategies for health promotion range over a spectrum from individually oriented public service advertising to socially oriented counter-advertising. Finally, we argue that counter-ads that focus on a politically controversial definition for alcohol, tobacco, and other drug problems are an appropriate alternative to public service advertising.

Refocusing Prevention on the Social

Changing the environment in which decisions about health problems are made requires policy strategies that are sometimes controversial and often politicized. This shift in orientation generates resistance, because it seeks to transform, or at least call into question, the status quo focus on individual persons in prevention and in society generally. Individual-choice problem definitions "support a politically conservative predisposition to bracket off questions about the structure of society—about the distribution of wealth and power, for example—and to concentrate instead on questions about the behavior of individuals within that (apparently fixed) structure" (9). This makes them appear apolitical when actually they are upholding a particular political perspective. Focusing on environmental change is politically controversial because it creates conflict between vested interests and the general public by highlighting contradictions in the system—contradictions that often serve the interests of corporations at the expense of the public's health.

The task for public health advocates who focus on social conditions is to reassign part of the responsibility for health problems to industry and other institutions that shape the social and physical environment. Interventions focussed on the social, physical, and political environment would critically examine the role of business and industry in health. This is a formidable challenge in a society in which the ethic of individualism has elevated business and industry to a privileged position. As former Surgeon General Antonia Novello has noted, "One of the fundamental paradoxes of market-oriented societies is that some entrepreneurs—even acting completely within the prescribed rules of business practice—will come into conflict with public health goals" (10). The question is how can the mass media and advertising, in particular, be a vehicle to promote that shift. How can advertising, which also is rooted in basic values of individualism, be used successfully to shift public opinion about who is responsible for rectifying health problems?

The Role of Advertising in Society

The mass media, by virtue of their status and reach, set the agenda for social issues in society. They do this indirectly by conferring status on social issues, persons, organizations, and social movements (11). Even if the portrayal is not altogether positive, the recognition that the issues or people receive makes them important; the media "lend legitimacy to the issue as an issue" (12). The media legitimize policies, persons, and groups that receive attention directly in the form of news, where they set the political agenda (8,13-16), and indirectly through entertainment programming and advertising, where they set the social agenda. Battles over controversial social issues including abortion, race relations and civil rights, gay rights, violence, sexual abuse, AIDS and other diseases, contraception, and alcohol and other drug issues have had prominent and often contentious places in entertainment television (17,18).

In 1990, advocacy groups such as the Environmental Media Association, the Harvard Alcohol Project, and Prime Time to End Hunger worked to place agenda-setting prosocial messages in a variety of television programs including, "My Two Dads," "A Different World," "The Cosby Show," "Growing Pains," "Dallas," "Cheers," "Golden Girls," and "Head of the Class" (17). These portrayals and others like them contributed to public attention being focused on social issues (18).

Mass media are businesses and their status conferral function needs to be considered from the perspective of business operations. In some ways, the media's primary function is to produce an audience for advertisers, to "rent their eyeballs" (19). Television makes that clear with frequent commercial breaks, and even newspapers are organized around special sections on food or business that are designed to congregate specific audience segments for particular ads (20,21). While news and entertainment producers and writers try to maintain their independence, they do acknowledge that commercial interests drive the industry (20,22). Advertisers' needs are internalized by producers. They are active, yet hidden, forces that shape both the form and content of commercial mass media (23). Advertising, then, warrants special consideration, not only for its own role in agenda-setting and legitimation, but also because of its role in maintaining the financial base for the media as a whole.

Advertising has been used in the marketplace and in politics. Marketplace advertising is oriented to-

ward selling products. Ads do this directly by presenting information about products, or more often, indirectly in image advertising where, rather than products, ads sell beauty, youth, love, sex, excitement, and happiness. Health promotion advertising mimics this function by trying to sell positive health behavior, sometimes using similar marketing strategies (24).

There is much debate in and out of the advertising industry about the intended and unintended consequences of product advertising (23,25-27). Advertising has been accused of promoting cynicism, envy, greed, wastefulness, social conformity, spiritual decline, passivity, consumerism, and a variety of social ills (26). Although there is no consensus about the effects of advertising, the accusations are serious. In 1988, former Surgeon General C. Everett Koop "explicitly recognized the contribution of alcohol advertising to the problem of drinking and driving and called for increased regulation of alcohol advertising" (28). On the other hand, advertising has been considered central to economic maintenance and growth.

Advertising has also been used to sell ideas and to persuade in the political arena, to influence public opinion, advocate specific policies and, in election years, to sell (and unsell) candidates.

Advocacy advertising. In November 1991, Anheuser-Busch spent tens of thousands of dollars to place a full page ad in local and national editions of the New York Times and USA Today, daily papers with a combined readership of 2.6 million (29). The ad was about advertising, not beer. Directed at policy makers and the general public, it claimed that Anheuser-Busch uses television commercials only to "promote responsible use," "to stop underage drinking," and "to build brand loyalty." In the ad, Anheuser-Busch takes credit for reducing the number of drunk drivers involved in fatal crashes and for the decline in the number of 15-19-year-old drunk drivers. Whether or not its claims about its beer advertising are true, Anheuser-Busch believes in the power of advertising to tell its story, influence public opinion, and thwart regulatory legislation that could restrict its advertising.

Corporations have a long history of using advertising to influence public opinion and legislation, beginning in 1908 with American Telephone & Telegraph's campaign to remain a monopoly, followed in 1910 by the railroads using ads to influence local rates hearings, in 1916 by Bethlehem Steel to protest a government armor plant, and the

same year by Armour and Swift meat packing companies to prevent the breakup of their oligopoly (30). In the 1930s, ads were used to boost national morale, low from the depression, and companies like Du Pont, General Motors, and the National Association of Manufacturers used it to sell capitalism and refute President Franklin D. Roosevelt's New Deal (30).

The objective of business throughout this period was to present its political interests in a way consistent with dominant American values, in hopes of furthering anti-regulatory sentiment (30). Ads used to foster public opinion or put pressure on legislators locally and nationally, or both, came to be known as advocacy ads. Advocacy ads address "controversial social issues of public importance" in a way that supports the sponsor's interests and belittles the sponsor's opponents (31). For corporations, advocacy advertising aims to "influence the way consumers and other target audiences think about the company...in order to influence the external environment in which the firm must operate" (31).

Advocacy advertising gained prominence during World War II. Because of rationing and the other constraints of the war years, the advertising industry had to define a new role for itself. Instead of promoting consumption, it promoted patriotism. In 1942, major agencies collaborated to form the War Advertising Council (30,32-33). They produced ads concerning war bonds, internal security, rationing, housing solutions, collecting metal waste, and protection against venereal disease, among others (33). After the war, the association remained together, dropped "war" from its title, and promoted social issues such as better schools, highway safety, and forest fire prevention.

The War Advertising Council campaigns performed a public service, but from the specific perspective of the advertising industry, it often served a public relations function. The ads were never neutral, according to Marchand (30):

The 'Better Schools' campaign never mentioned the possibility of Federal aid to education; the safety campaign focussed on the need for individual caution, not changes in automotive or highway design. The Council's larger campaigns of 1948 and 1949 (such as 'Our American Heritage' and 'The American Economic System')...implicitly advocated a conservative politics, subtly echoing attacks on the New Deal state from throughout the business community and reinforcing strident

themes of the new Cold War politics of anti-communism.

Similarly, the Ad Council's ecology ads did not suggest that industry or automobiles are the prime cause of environmental pollution. They suggested instead that "people start pollution, people can stop it," putting the responsibility on individuals, thereby relieving public institutions and industry of responsibility. "Criticism of industry's role in causing pollution is deflected by emphasizing the extent to which pollution is the responsibility of individuals" (8). Likewise, the Ad Council's traffic safety ads focused on drunk drivers rather than unsafe cars as the major cause of injuries (2).

From its inception, the Ad Council's expressed purpose was to use public service advertising to promote goodwill toward and belief in advertising. "Use it to confound the critics of advertising," said Ad Council founder James Webb Young, "with the greatest demonstration of its power they have ever seen" (34). Advertisers are still using the Ad Council this way. Advertisers have an economic interest in promoting their industry and the system that supports it. Their public service campaigns publicize that perspective as much or more than they confront social ills. In a recent entreaty to advertisers to do more public service campaigns, Howard Bell noted that "A positive [advertising] industry response to a critical public concern could help create the more favorable climate and attitude for advertising that it deserves" (35).

In the wake of the civil unrest in South-Central Los Angeles in 1992, advertisers called on each other to use advertising to put an end to racism (36). Ad Council public service campaigns serve an important and purposeful function for the advertising industry by promoting goodwill toward advertisers among the public. The industry's clear objective is to make advertising look as if it is serving the needs of society generally.

Advertisers share a vested interest in business practices that often conflict with public health goals. Wallack and Montgomery identified three major adverse health consequences of advertising: promoting harmful products, promoting a consumption ethic, and limiting the flow of information (37). Promoting harmful products includes the advertising of alcohol, tobacco, and "junk food" and, in less developed countries, pharmaceuticals and pesticides. Promoting a consumption ethic has adverse consequences for health by "encouraging environmental degradation...necessary to fuel massive consumption in Western economies, as well as

the garbage and waste associated with this consumption" (37). Finally, advertising's support of major news and information sources limits the flow of information about health through internal censorship. Television producers, newspaper editors and reporters, and magazine publishers avoid what might irritate sponsors by eliminating ideas for stories and articles or not even suggesting them (19,22-23,38).

Health promotion in the mass media exists in the context of advertising. Ultimately, public service advertising, as it has been conceived and executed by the advertising industry, serves business rather than social interests. Ads that plead for behavior change keep the target of change on the individual person rather than on the social.

Advertising Strategies for Health Promotion

The public health community has relied almost exclusively on public service advertising in its use of mass media for health promotion. PSAs usually deliver a health message or announce a social service of some kind. Recently, counter-ads have gained attention as an advertising strategy that is consistent with a broader public health perspective. Counter-ads appear to have entered the prevention vocabulary via the "equal-time" anti-smoking ads that were on television from 1968 through 1970. Although the number of anti-smoking ads never actually equalled the number of pro-smoking ads (the ratio of pro-smoking to anti-smoking ads was at best 3:1), they contributed significantly to reducing smoking during those years (39).

As a result of the ban on cigarette ads on television in 1971, free time provided for anti-smoking messages was greatly reduced (40). Public health interests applauded the removal of cigarette commercials from television, but it became apparent later that the presence of the anti-smoking ads may have had a stronger effect, at least in the short term, on reducing smoking than had the ad ban. In fact, the ad ban, which had been a moral victory for public health, ultimately may have served the tobacco industry by reducing its costs and removing the strong effect of the anti-smoking messages (40). Warner anticipated the present interest in counter-ads when he suggested that anti-smoking advocates might recoup their lost television exposure by purchasing air time for counter-ads and increasing news coverage about the issue (40).

Currently, the counter-ad is ill-defined in public health circles, referring to a range of strategies from person- to policy-orientation. The anti-

smoking ads were counter-ads because they were countering cigarette ads on television. Like the PSAs described subsequently, however, these counter-ads were generally people-based, encouraging smokers to stop and others not to start.

We suggest a different meaning for counter-ads. We suggest that counter-ads have a fundamentally different goal than PSAs. In the tradition of advocacy advertising directly promoting policy rather than products, counter-ads promote views consistent with a public health perspective rather than selling positive health behavior. Counter-ads attempt to set the agenda for an environmental perspective, conferring status on policy-oriented strategies for addressing health problems. The primary purpose of counter-ads is to challenge the dominant view that public health problems reflect personal health habits.

From PSAs to counter-ads. Neither PSA nor counter-ad is an adequate term for describing the range of uses of advertising for health promotion. Instead, these concepts can be seen on a spectrum of advertising strategies, each part of which is appropriate for different goals. On one end are people-oriented advertising strategies that concentrate on delivering information aimed at changing personal behavior. At the other end are socially oriented advertising strategies that concentrate on reframing health problems into social policy issues, bringing attention to specific legislative or regulatory strategies for prevention (see table). While the categories are not mutually exclusive, distinguishing the differences may help public health professionals identify the advertising strategy appropriate for their goals.

Ads on the spectrum are classified by the goals evident in their content. For example, ads we call PSAs have the intent traditionally ascribed to PSAs (a) to create viewer awareness of a problem; (b) to prompt viewers to change their attitudes; or (c) to prompt viewers to take action to prevent or ameliorate the problem, which usually is portrayed as changing personal behavior (8). Counter-ads, on the other side of the spectrum's mid-point, have distinctly different goals.

Although counter-ads also create awareness of problems and prompt attitude change or action, it is *political* action and attitudes rather than personal behavior on which counter-ads are focused. Although some ads may acknowledge problem definitions and solutions beyond personal responsibility, few ads will be able to address both definitions and solutions in less than 60 seconds. Therefore, most

The Spectrum: A Progression from PSAs to Counter-ads

PSA			Counter-ad
Focus on the individual	Begin to shift the focus outside to friends, family, or the physical environment	Focus on the broader social system	Focus on specific people or institutions with power to influence the social or physical environment, or both
Define problems behaviorally, focusing on the individual	Acknowledges environmental influences on health without criticism	Define problems environmentally, focusing on the social and physical context	Define problem environmentally, locating those with power to affect that environment
Target people to change behavior	Target people and those around them	Target public opinion to support social problem definitions	Target legislators, industry representatives, and specific legislation
Educate about disease	Educate about the environment	Stimulate public discussion	Generate support or advocate for public policy and law, or both
Noncontroversial	Noncontroversial	Controversial	Controversial
Usually rely on donated time	Usually rely on donated time	Use paid time or news coverage or both	Use paid time or news coverage or both
Examples: Yul Brynner for American Cancer Society	Friends Don't Let Friends Drive Drunk	Testifiers	A Drug-Free Challenge to William Bennett
California Tobacco Campaign	Second-hand Smoke	Boardroom	(no example)

ads will be classified as either PSAs or counter-ads. At issue is the content of the ad more than how it looks. Ads with high production values, however, are more likely to be aired, especially if they are dependent on donated time (41), and ads that have benefitted from formative research are more likely to be effective with the target audience (42).

PSAs. PSAs occupy one end of the spectrum. Their content usually is straightforward and informational, directing people to a certain service or warning against a specific behavior. They may be produced by local organizations or even read by station announcers. They do not deviate from people-oriented mainstream opinion about the causes of health problems. Thus PSAs are rarely controversial. Generally they are aired on donated time from stations trying to meet their public service obligations. The late actor Yul Brynner's appeal to "please, whatever you do, don't smoke," that aired following his death from lung cancer was an example of a typical PSA. Problem definition was at the personal level.

Some PSAs have expanded slightly from an exclusively individual focus to acknowledge the physical or social environment without being critical of it. "Friends don't let friends drive drunk" or "Drinking and driving can kill a friendship" from the Ad Council were popular PSAs that fit this category, because they drew attention to people surrounding the individual drinker, in this case, friends.

A campaign from the Virginia Liquor Control Board acknowledged the physical environment of advertising to publicize the increase in the State's legal drinking age. This campaign used existing models of beer, wine, and distilled spirits ads to inform both young people and those who serve drinks of the new age limit. One spot parodied Bartles and Jaymes Wine Cooler ads. While "Frank and Ed" took their four-pack of wine cooler and went in the house, the announcer said, "In Virginia, if you're under 21, Frank and Ed don't want your support." A second ad had the music and look of a beer commercial, but when the young man said to the bartender, "Gimme a lite!" the bartender shone a bright flashlight on him and replied, "Gimme me some ID!" The announcer added, "Just a reminder. Virginia has a new drinking age" with the tag line "Virginia has a new drinking age: 21 for Everyone." A poster in the same series pictured the back of a bottle of vodka over the line "Absolutely Not," capitalizing on the visibility of a current campaign for Absolut vodka. These PSAs recognized the environment of alcohol advertising without criticizing it.

Counter-ads. Ads at the other side of the midpoint challenge the legitimacy and credibility of the industry marketing the product. These are counter-ads, because they represent a clear transfer from the personal to the policy environment and focus on the corporate entity or public policy as a major player in that environment. Counter-ads question

motives of marketers of alcohol, tobacco, fast foods, and other products with negative public health implications, suggesting that their driving force is a concern for profit rather than health. The objective of counter-ads is to set the terms of debate and challenge institutional and corporate prerogatives. These ads are controversial, and therefore they need to be aired by purchasing time or space. In some cases, stations may refuse to air them entirely.

Several ads from the 1991 California anti-tobacco media campaign were counter-ads. One, called "Testifiers," highlighted the tobacco industry's role in confusing the public about the adverse consequences of smoking. Following the subtitle "The tobacco industry in its own words," men and women representing the tobacco industry were depicted testifying at Congressional hearings and press conferences. They said in response to reporters or Congressional committees:

This is a very complex question. Statistics cannot—statistics cannot—cannot prove—cannot prove a causal relationship between smoking and disease. This is a very—a very complex question. We're accused of trying to get people to start smoking. We don't—we don't—we don't. It's always been our policy that young people should not smoke—shouldn't smoke. We remain committed to advancing scientific inquiry into the gaps of knowledge in the smoking controversy.

The tag line, in the style of a cigarette package warning label stated: "WARNING: Some people will say anything to sell cigarettes." The focus was on the industry and its tactics, not the smoker. The goal of this ad, as discerned from its content, is to question the legitimacy of the tobacco industry's words and actions, thereby making Californians (a) less eager to support the industry by buying and using its products, (b) suspicious of the industry's motives and arguments regardless of whether they smoke, and most important (c) more likely to support regulations for effective environmental strategies such as indoor clean air acts. The mass media were used to delegitimize the tobacco industry's behavior in the marketplace.

Controversy is one way to get media attention and thereby set the agenda. The power of counter-ads may be in the controversy they generate. For example, the "Drug-Free Challenge to William Bennett" was a counter-ad that successfully promoted a public health definition of the tobacco

problem. A coalition of anti-tobacco groups used paid newspaper and radio ads to "draw public attention to the importance of tobacco control on the national drug abuse agenda" (43). The ads pointed out that tobacco was the nation's number one drug problem and asked Bennett to "Make it a priority to fight this legal drug problem and help prevent millions of others from becoming its victims." It also challenged Bennett, about to be confirmed as the nation's first "Drug Czar," to quit smoking. Spotlighting Bennett's tobacco addiction attracted extensive media attention; the campaign generated news coverage reaching more than 7 million people. The news coverage of the ads "encouraged a focus on tobacco as a serious, legitimate, drug policy issue" (43).

Counter-ads directly challenge status quo notions of problem definition. They are akin to advocacy ads used in corporate advertising. For public health, the analogous goal is to influence the external environment in which people act and policy is made. This usually means that the counter-ad will promote specific health policies. An example of a counter-ad modeled after advocacy ads comes from the National Heart Savers Association, which used ads to challenge directly McDonald's and other fast food companies to change their cooking policies. Full page ads in major daily newspapers, headlined "The Poisoning of America!," indicted companies whose products were unnecessarily high in saturated fat, contributing to dangerously high cholesterol levels in the population. McDonald's corporate address and telephone number were included to encourage consumers to register their protest and insist that the company change its policy and use "heart healthy" oils. Heart Savers claimed the campaign was successful:

Tens of thousands of products have since been reformulated using heart healthy oils. Companies changing ingredients include Kellogg, Sunshine Biscuits, Pepperidge Farms, Quaker Oats, Keebler, General Foods, Pillsbury, Procter & Gamble, Heinz USA, Ralston Purina, General Mills, and Nabisco...The American Public has been heard!

This campaign not only removed the focus from the individual person and concentrated on the choices available in the environment, but it involved the public in the act of changing the environment.

Ads at this end of the spectrum are politically controversial. Since one of the goals of counter-ads

is to challenge authority and dominant views, their content will be more controversial than traditional PSAs. Advocacy ads push the boundaries of acceptability of what public health is about (social conditions) and how it should go about prevention (aggressively versus plaintively). Therefore, counter-ads will often need to use paid media rather than the traditionally free venues that PSAs use.

A tobacco illustration. To date, the most thorough and comprehensive use of advertising across the spectrum in one campaign has been the 1991 California tobacco media campaign, funded by an earmarked tax on cigarettes administered by the California Department of Health Services. This campaign presented a range of ads from traditional PSAs through controversial counter-ads. With the exception of the most political ads advocating particular policies, the campaign provided several examples from along the spectrum.

Many of the ads in the California campaign were PSAs targeted to specific ethnic communities, particularly African American, Latino, Chinese, and Korean. Both the Chinese and Korean language spots, called "Incense," depicted a family mourning the death of the husband/father, using imagery from traditional Chinese or Korean mourning rituals, as an announcer stated:

Losing a loved one is difficult. But when that loved one is head of the family, it's not just difficult—it's devastating. Don't have your family's future go up in smoke. Stop smoking.

The non-controversial message was, don't let this happen in your family. These spots fit the PSA-end of the spectrum because their goal was to deliver information with the aim of influencing personal behavior. The message in these ads was simply do not smoke, but they were developed using extensive formative research. As a result, they aimed to be culturally specific, and so they were more likely to be meaningful to their respective target audiences.

Other examples from the California campaign advertised the danger of secondhand smoke. The message was still basic information, but the story was told in a new, visually arresting way. These spots, targeted to either African Americans, Latinos, or Asians, depicted a male smoking a cigarette while his companion (wife or daughter, depending on the spot) coughed uncomfortably expelling the smoker's smoke from the non-

smoker's mouth. In the Asian spot, the woman was pregnant and the camera focused on her stomach with the tag line "Smokers aren't the only ones who smoke." These spots clearly pointed out that bystanders' health will suffer in the vicinity of smokers. They began to move across the spectrum slightly by shifting the focus to the physical environment. The appeal, however, was still to people to change their personal behavior.

The PSAs described so far were focussed on information-giving and individual behavior change. The "Rapper" spot did not abandon an individual focus but introduced more elements of an environmental definition of the problem. This spot was a short rap video ridiculing smoking, targeted to African American youth. It was fast-paced and contemporary and, in fact, may not have been intelligible to those outside the youth market. It was unusual because the anti-smoking message was given a political context. "We used to pick it, now they want us to smoke it?" the rapper asked, "Y'all must be joking." The social history of tobacco was made part of the reason African American youths should not smoke.

Like a traditional PSA would, the spot elucidated the unappealing aspects of smoking for individual people ("It makes her teeth turn yellow" or "I hate it when a lady smokes 'cause it makes her breath smell"), but, unlike more traditional PSAs, this spot also introduced a social view of the problem ("It ain't right: cigarettes kill black people faster than whites" and "Half a million black deaths can be traced to smoke"). Calling tobacco "legalized dope" challenged the legitimacy of the tobacco industry. This spot expanded the boundaries of traditional PSAs by introducing the politics of tobacco and the social consequences of smoking for African Americans as a group.

Finally, the most controversial of the California spots, paired with a billboard campaign, fit our definition of a counter-ad. The "Board Room" ad opened with the camera panning a dark, smoky room where men in suits sit listening to the chairman of the board say:

Gentlemen, gentlemen. The tobacco industry has a very serious multi-billion dollar problem. We need more cigarette smokers, pure and simple. Every day 2,000 Americans stop smoking. And another 1,100 also quit. Actually, technically, they die. That means that this business needs 3,000 fresh new volunteers every day. So, forget about all that cancer, heart disease, emphysema, stroke

stuff. Gentlemen, we're not in this business for our health (followed by loud, sinister laughter).

This ad struck directly at the tobacco industry. The message was that the industry itself is evil, out to kill for profit. It tried to shift the level of discussion from the actions of smokers to the actions of corporate executives. Rather than questioning why people do not just quit smoking, it questioned why such a deadly product is so widely marketed.

This ad was complemented by a statewide billboard campaign. The billboards pictured an enlarged Surgeon General's smoking warning, alone on the billboard, immediately recognizable as an enlargement of what is on cigarette packages and advertising. The counter-ad message stated "WARNING: The tobacco industry is not your friend." The billboard was clearly a counter-ad. It used an image from cigarette advertising and focused on the manipulation from the industry. The smoker was not visible in the ad or as a target for the ad. The target audience here was the wider society and public opinion about the questionable acceptability of the tobacco industry doing business at all.

Despite the aggressiveness of the California campaign, there were no ads advocating specific legislative initiatives or policy changes. For example, the ad called "Vending Machine" depicted children asking for and receiving different types of cigarettes while an announcer said, "Every day a half a million American kids buy their cigarettes from a friendly neighborhood pusher...Vending machines don't know any better, but what about the rest of us?" The ad effectively illustrated the ease with which children can buy cigarettes from vending machines, but did not include a call to action. Because of restrictions against lobbying by government agencies, it may be difficult for them to sponsor ads that promote specific legislation, such as to ban tobacco vending machines, or to target specific companies.

Counter-ads challenge institutions, members of which systematically benefit from the focus on the individual person in health and other matters. The potential conflict of interest means that the media could refuse to air the most challenging ads. The most radical analyses of the sociopolitical environment may not get on the air. But some counter-ads will; the California tobacco campaign is evidence of that. Although counter-ads are not a panacea, they are one health promotion tactic that can

contribute to the difficult task of shifting the focus of health promotion from personal behavior to social conditions.

The Case for Counter-Ads

Public health has an obligation to embrace, not ignore, the complexity of "wicked" problems such as alcohol, tobacco, and other drug use. The mass media in general and counter-ads in particular can address that complexity. Counter-ads can draw attention to the social, political, and economic aspects of health problems and put pressure on elected officials and other policy-makers to take action in the public's interest. Because counter-ads will usually air on purchased time, they will not be subject to many of the same constraints limiting PSAs.

Public service advertising competes for space with other forms of advertising on television and elsewhere. Traditionally, PSAs for radio and television stations have been broadcast free, in part to satisfy stations' community service obligation. Lacking funds to mount large media campaigns, the public health community has depended on the willingness of editors and producers to present PSAs. Since the deregulation of the broadcast industry during the 1980s, however, fewer PSAs have aired. In addition, recent corporate network buyouts have put more focus on profit and less on public service. Less public service time is available because stations want to sell all available time (44). At the same time, more groups are submitting PSAs. With increased competition for spots, some stations are airing as few as 10 percent of the PSAs they receive (41).

Even the best PSAs will not be aired unless they are accepted by media gatekeepers (41). The PSAs that get on television are usually produced by mainstream groups that can afford the production costs necessary to give the spots the high quality look required. Because there are too many submissions for the few available public service spots, attracting gatekeepers' attention becomes very important. Thus the real target audience for PSAs may not be the public or some community group but the media gatekeepers themselves. Yet the media gatekeeper is not necessarily a member of the primary target audience. Public service directors or station managers are more likely to air slick, high tech, sophisticated spots that are expensive to produce. Community groups cannot compete with the high quality look of the Ad Council spots that end up dominating public service time.

Unfortunately, what is attractive to a media-savvy public affairs director may not be most effective with the target audience. Even when PSAs do get on the air, stations make no guarantees about how often or for which audience they will be aired.

PSAs that do get on the air are dominated by the Ad Council and the Partnership for a Drug Free America. Many of these ads are memorable, but their strong statements generally do not take a public health approach. Instead, they focus almost exclusively on individual behavior and personal responsibility. The Partnership ads insist that "the drug problem is your problem, not the government's. The ads never question budget allocations or the administration's emphasis of [law] enforcement over treatment...If there are mitigating reasons for drug use—poverty, family turmoil, self-medication, curiosity—you'd never know it from the Partnership ads" (2). The Partnership ads laud volunteerism, self-discipline, and individualism (3). Certainly these are important values in the United States, shared by many. These values, however, and strategies that focus on the person are promoted instead of other equally important, and often more effective, strategies.

The Partnership ads, like many PSAs, focus on individual based solutions that function to reinforce dominant ideals about responsibility for drug problems. If they take a policy perspective at all, it is to reinforce criminal justice strategies for preventing drug use. Their strategies meet with little political resistance, because they neither confront nor question any vested interest in the advertising or broadcasting industries. In addition, the Partnership ads ignore alcohol and tobacco, the biggest drug problems among youth. An industry with considerable support from alcohol and tobacco conglomerates cannot afford to offend or implicate them, even in the form of a public service advertisement (1).

Counter-ads are needed to generate public support for policies that will change the physical and social environment adversely affecting health. Thus a major difference between PSAs and counter-ads would be the target audience or goal. Rather than selecting a subgroup at high risk for health problems as PSAs often do, counter-ads may select a subgroup with greater influence on the policy process—legislators, for example, or editorial boards, depending on the nature of the policy being promoted.

Counter-ads present a challenge, first, because they shift attention from individual people to environments and, second, because that shift makes

the solution or public health intervention politically controversial. Counter-ads contextualize health problems, connecting them to current social and political conditions. Contesting stakeholders' interests in maintaining the status quo becomes part of the prevention strategy. In the case of alcohol and tobacco, this means that the behavior of companies that promote those drugs and profit from their use is put on the public agenda. The media's dependence on those same conglomerates and their own vested interest in commercial advertising also may be an obstacle to using counter-ads. The challenge is promoting a strategy and perspective that, at times, will conflict with the interests of the media industry on which it depends for airing. By not challenging, however, public health ignores an important means and resource for shifting public support for important prevention strategies. Although their first attention may be to business interests, the mass media have a responsibility to maintain an open public discourse on controversial social issues.

There are serious barriers to the effectiveness of both PSAs and counter-ads. PSAs must compete for less free advertising time, and, to get what time is available, they must maintain a noncontroversial focus on individual behavior change. Counter-ads face barriers from their politically controversial nature. Despite these formidable barriers, public health has an obligation to develop prevention strategies that address the context of public health problems, expanded from the narrow focus on the person at the center to the social, political, and economic landscape. Public health would be better served by using advocacy advertising based on political models of influencing public opinion and policy than by using public service advertising based on models of selling behavior.

References

1. Cotts, C.: Hard sell in the drug war. *The Nation* 9: 300-302, March 1992.
2. Blow, R.: How to decode the hidden agenda of the Partnership's Madison Avenue propagandists. *Washington City Paper* 11: 29-35 (1991).
3. Miller, M. C.: Death grip. *Propaganda Review* winter 1988, pp. 34-35.
4. Rittel, H. W., and Melvin, M. W.: Dilemmas in a general theory of planning. *Policy Sciences* 4: 155-169 (1973).
5. McKeown, T.: Determinants of health. *Hum Nat* 1: 60-67 (1978).
6. Iyengar, S.: Is anyone responsible? How television frames political issues. University of Chicago Press, Chicago, 1991.
7. Bellah, R., et al.: *Habits of the heart: individualism and*

- commitment in American life. Harper and Row, New York, 1986.
8. Paletz, D., Pearson, R., and Willis, D.: Politics in public service advertising on television. Praeger Publishers, New York, 1977.
 9. Tesh, S. N.: Hidden arguments: political ideology and disease prevention policy. Rutgers University Press, New Brunswick, NJ, 1988.
 10. Novello, A.: Preface. Smoking and health in the Americas. A 1992 report of the Surgeon General, in collaboration with the Pan American Health Organization. DHHS Publication No. (CDC) 92-8414. National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, Atlanta, GA, 1992.
 11. Lazarsfeld, P. F., and Merton, R. K.: Mass communication, popular taste and organized social action. *In* Mass communications, edited by W. Schramm. University of Illinois Press, Champagne-Urbana, IL, 1975, pp. 492-512.
 12. Olien, C., Tichenor, P., and Donohue, G.: Media coverage and social movements. *In* Information campaigns: balancing social values and social change, edited by C. T. Salmon. Sage Annual Reviews of Communication Research, vol. 18. Sage Publications, Newbury Park, CA, 1989, p.156.
 13. Rogers, E., Dearing, J., and Chang, S.: AIDS in the 1980s: the agenda-setting process for a public issue. *Journalism Monographs* 126: 1-47 (1991).
 14. Iyengar, S., and Kinder, D. R.: News that matters. University of Chicago Press, Chicago, 1987.
 15. Rogers, E., and Dearing, J.: Agenda-setting research: where has it been and where is it going? *In* Communication yearbook, vol. 11, edited by J. A. Anderson. Sage Publications, Beverly Hills, CA, 1988, pp. 555-594.
 16. McCombs, M., and Shaw, D.: The agenda setting function of mass media. *Public Opinion Q* 36: 176-187 (1972-73).
 17. Stevenson, R.: Current events in the world of prime time. *San Francisco Chronicle*, June 9, 1990, p.C9.
 18. Montgomery, K. C.: Target: prime time: advocacy groups and the struggle over entertainment television. Oxford University Press, New York, 1989.
 19. Gitlin, T.: Inside prime time. Pantheon Books, New York, 1983.
 20. Bagdikian, B., et al.: Uncovered stories: what the media misses and why. Transcript of panel discussion, Graduate School of Journalism, University of California, Berkeley, 1989.
 21. Fisher, C.: New ideas for newspapers. *Advertising Age* 63: 44, Jan. 27, 1992.
 22. Barnouw, E.: The sponsor: notes on a modern potentate. Oxford University Press, Oxford, England, 1978.
 23. Collins, R.: Dictating content: how advertising pressure can corrupt a free press. The Center for the Study of Commercialism, Washington, DC, 1992.
 24. Kotler, P., and Roberto, E.: Social marketing: strategies for changing public behavior. Free Press, New York, 1989.
 25. Leiss, W., Kline, S., and Jhally, S.: Social communication in advertising: persons, products, and images of well-being. Routledge, New York, 1990.
 26. Pollay, R.: The distorted mirror: reflections on the unintended consequences of advertising. *J Marketing* 50: 18-36, April 1986.
 27. Schudson, M.: Advertising, the uneasy persuasion: its dubious impact on American society. Basic Books, New York, 1984.
 28. Healthy people 2000: National health promotion and disease prevention objectives. DHHS Publication No. (PHS) 91-50212, U.S. Government Printing Office, Washington, DC, 1991, p. 166.
 29. International YearBook. Editor & Publisher Co., New York, 1991.
 30. Marchand, R.: The fitful career of advocacy advertising: political protection, client cultivation, and corporate morale. *California Management Rev* 29: 128-156, winter 1987.
 31. Fox, K. F. A.: The measurement of issue/advocacy advertising effects. *Current Issues and Research in Advertising* 1986, vol. 9. The Division of Research, Business School, University of Michigan, Ann Arbor, 1986.
 32. Ad Council at 50. Special advertising section, *Advertising Age* 62: A1-A16, Nov. 11, 1991.
 33. Goodrum, C., and Dalrymple, H.: Advertising in America: the first 200 years. Abrams, New York, 1990, p. 267.
 34. Wooden, R.: For the future: a commitment to ideals and effective advertising. *Advertising Age* 62: A16, Nov. 11, 1992.
 35. Bell, H.: Public service ads flower with local tie-ins. *Advertising Age* 63: 20, Feb. 24, 1992.
 36. Colford, S.: Ad Council battles racism. *Advertising Age* 63: 6, June 8, 1992.
 37. Wallack, L., and Montgomery, K.: Advertising for all by the year 2000. *J Public Health Policy*. In press.
 38. Minkler, M., Wallack, L., and Madden, P.: Alcohol and cigarette advertising in Ms. magazine. *J Public Health Policy* 8: 167-179 (1987).
 39. Warner, K.: The effects of the anti-smoking campaign on cigarette consumption. *Am J Public Health* 67: 645-650 (1977).
 40. Warner, K.: Clearing the airwaves: the cigarette ad ban revisited. *Policy Analysis* 5: 453-450 (1979).
 41. Hammond, S., Freimuth, V., and Morrison, W.: The gatekeeping funnel: tracking a major PSA campaign from distribution through gatekeepers to target audience. *Health Educ Q* 14: 153-166 (1987).
 42. National Cancer Institute: Making health communications work: a planner's guide. DHHS Publication No. (NIH) 89-1493, U.S. Government Printing Office, Washington, DC, 1989.
 43. Summary of the "Drug Free Challenge to William Bennett." Mimeo. Advocacy Institute, Washington, DC, Mar. 9, 1989.
 44. Brown, L.: Hype in a good cause. *Channels* 7: 26 (1987).