

Peer Review

Review of: "Designing Health Communication Campaigns for the Next Decade"

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This paper is a review of the literature to identify what makes for a successful health communication campaign. Key elements such as cultural sensitivity, community involvement in message design, and effective use of available technologies are highlighted. I especially appreciated the focus on using new technologies such as digital health platforms, social media, and influencers to appeal to certain audiences, especially youth who already engage with these technologies.

This is an important review. I have a number of recommendations to improve the paper.

1. **Provide greater analytical depth:** The review starts well with a good summary of the issues in the Abstract, Introduction, and section I of the findings. This generates an expectation of more in-depth analysis to come. I was disappointed that when issues were re-visited, little depth was added, leading to the impression of repetition. For example, paragraphs on Cultural Sensitivity and Inclusivity and Addressing Gender and Cultural Considerations on page 7 add nothing to what has already been said. Related to this impression of skating along the surface, the overall sense is that we are being told, not shown. I recommend more in-depth analysis using case studies to illustrate the points being made. This would make the arguments more convincing. At the bottom of page 3, a Case study is included, but we are only informed what the program to address male depression did; we do not learn whether or not it was successful.

Case study examples would strengthen the following sections:

- (i) Cultural Comparisons – a specific example of a campaign that focused on the family in a community-oriented society and a specific example of a campaign that focused on performance and career success in an individualistic society;

(ii) Social Media Influencers – a specific example of the use of influencers to back up the statement ‘influencer-led social media campaigns have shown increased engagement metrics...’ It is not clear whether this statement refers to health campaigns specifically. A case study example would clarify this and make the claim more convincing.

(iii) Reaching Underserved and Rural Communities – a case study where this strategy was used in a specific rural or underserved community.

(iv) Cultural Sensitivity ‘messages tailored to cultural beliefs...lead to better health-related behaviors’ – can you provide an example?

1. Provide a justification for the emphasis on masculinity and tobacco cessation. There is one case study that shadows the paper, and that is tobacco cessation for men, specifically the ‘Truth’ campaign implemented in the US. This case study is detailed under the sub-head IV Focus on Specific Campaign Types and appears to be the focus of section V. Challenges and Considerations. The focus on masculinity is also mentioned in the Abstract and re-appears under Social Media Influencers on page 6. It is almost as though the author has merged two papers, one on tobacco cessation and the other on health communication campaigns more generally. Nevertheless, it is still a bit of a surprise when tobacco cessation appears on page 8, as this topic is not indicated anywhere in the headings. I recommend that a justification is given for the paper’s focus on masculinity in general and tobacco cessation in particular. I further recommend that this case study is indicated in the heading/sub-heading where it is presented – either as ‘tobacco cessation’ or ‘Truth campaign’.

3. Re-organize the headings: This leads to my third concern, which lies with the overall organization of the paper. One issue is that the main headings don’t always reflect the sub-headings. For example, II Cultural Comparisons is followed by a paragraph on cultural comparisons, but the subsequent sub-headings on Multi-Channel Engagement and Evaluation and Feedback Mechanisms do not fit under this heading. I recommend that you consider making Cultural Comparisons a sub-head. Also, I could not make sense of the main headings and the order they were in. Heading I Characteristics of Effective Health Communication Campaigns and III Recommendations for Campaign Design and Implementation call for similar content.

Another option that might help reduce repetition and improve organization would be to organize the paper under the Audience-Channel-Message-Evaluation (ACME) scheme that is mentioned on page 5. I think this would be easier for the reader to follow.

4. I recommend that the author defines the following terms:

social listening (Abstract);

preventative versus prevention behaviours (page 4)

misinformation versus disinformation (page 9).

Declarations

Potential competing interests: No potential competing interests to declare.