using CDSC to motivate reflections on domestic (USA) public health efforts

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5-1-23



communication for development and social change

To the right is a quote from Kogen 2022, using work from Manyozo and Tufte

Kogen, L. (2022). Communicating for social change: A model of communicative power. International Communication Gazette, 84(7–8), 591–612. https://doi.org/10.1177/17480485221104003

"one key feature of [CDSC] is the idea that the locus of meaningful social change is not one-way communication, but rather *dialogue*, which leads to empowerment and consciousness raising, which leads to social change. It assumes that sustainable change is a result of the collective action of affected communities, not the behavior changes of individuals as dictated by outsiders."

what does CDSC study?

it's not exactly "public health," right?

for example, these papers raise some interesting points about "agency" and "empowerment" as constructs in the development industries, but also approach development from a capitalism-conscious perspective

The privatization of development through global communication industries: Living Proof? (Wilkins, 2013)

"When agency for social change is restricted to individual empowerment, governments are no longer at fault for not providing adequate health care, and corporations are not responsible for paying taxes or fair wages; instead, individual consumption becomes the answer"

The 'girl effect': liberalism, empowerment and the contradictions of development (Hickel, 2014)

 "duplicitous development" and the side effects of "empowerment" discourses

domestic public health

to some degree, centered around behavior change interventions

Calitz, C., Pollack, K. M., Millard, C., & Yach, D. (2015). National Institutes of Health Funding for Behavioral Interventions to Prevent Chronic Diseases. American Journal of Preventive Medicine, 48(4), 462–471.

https://doi.org/10.1016/j.amepre.2014.10.015

NIH spends \$2.2-2.6 billion annually on human behavioral interventions to prevent non-communicable diseases (7 out of every 10 deaths in the US is due to NCDs)

note - this is only 7-9% of the \$30 billion NIH receives from HHS (US federal health research and development budget, pot of \$34 billion)

note 2 - this does not account for communicable disease interventions, as well as behavior change interventions not directly tied to health (for example, "Reduce, Reuse, Recycle" or "GOTV" campaigns)

behavior change interventions

arguably the bread and butter of modern public health work

Davis, R., Campbell, R., Hildon, Z., Hobbs, L., & Michie, S. (2015). Theories of behaviour and behaviour change across the social and behavioural sciences: A scoping review. *Health Psychology Review*, 9(3), 323–344. https://doi.org/10.1080/17437199.2014.941722

- 83+ operating theories with 1725+ component constructs
- present in a plurality of these theories is the construct of "self-efficacy"
- behavior change interventions develop from a
 belief that individuals can change their material
 conditions through actions, and that those
 actions can be motivated through targeted
 psychosocial "nudges" or systematic programs

What is this paper's position on public health work then?

A capabilities and needs approach

- Amartya Sen: what is the actual quality of life
 which individuals are able to achieve?
- What is capability?
 - freedom to make good choices
 - ability to transform resources in value
 - distribution of opportunities within society

"Empowerment" | "Agency" | "Self-Efficacy"

can we problematize these constructs in domestic public health efforts the same way CDSC problematizes them in global development efforts?

Communication for Development and Social Change	Domestic Public Health
Shouldn't we focus on investing in infrastructure instead of telling people what to do?	Yes. The US public health system has poor reaction time and no true central authority. Investing in infrastructure would be a great step
Is it even effective to just give people information and motivation? Does that really create change?	In the short term, maybe. In the long term? Probably not!
Are we causing harms by trying to change individual behaviors?	Very likely yes. There is a cultural component here, as well as a capitalist critique

works cited

Calitz, C., Pollack, K. M., Millard, C., & Yach, D. (2015). National Institutes of Health Funding for Behavioral Interventions to Prevent Chronic Diseases. American Journal of Preventive Medicine, 48(4), 462–471. https://doi.org/10.1016/j.amepre.2014.10.015

Cooper, L. A., Purnell, T. S., Showell, N. N., Ibe, C. A., Crews, D. C., Gaskin, D. J., Foti, K., & Thornton, R. L. J. (2018). Progress on Major Public Health Challenges: The Importance of Equity. Public Health Reports, 133(1 suppl), 15S-19S. https://doi.org/10.1177/0033354918795164

Davis, R., Campbell, R., Hildon, Z., Hobbs, L., & Michie, S. (2015). Theories of behaviour and behaviour change across the social and behavioural sciences: A scoping review. Health Psychology Review, 9(3), 323-344. https://doi.org/10.1080/17437199.2014.941722

Hickel, J. (2014). The 'girl effect': Liberalism, empowerment and the contradictions of development. Third World Quarterly, 35(8), 1355–1373. https://doi.org/10.1080/01436597.2014.946250

Jacobson, T. L. (2016). Amartya Sen's Capabilities Approach and Communication for Development and Social Change: Capabilities and CDSC. Journal of Communication, 66(5), 789-810. https://doi.org/10.1111/jcom.12252

Khabbaz, R. F., Moselev, R. R., Steiner, R. J., Levitt, A. M., & Bell, B. P. (2014), Challenges of infectious diseases in the USA, The Lancet, 384(9937), 53-63, https://doi.org/10.1016/S0140-6736(14)60890-4

Kogen, L. (2022). Communicating for social change: A model of communicative power. International Communication Gazette, 84(7-8), 591-612. https://doi.org/10.1177/17480485221104003

Larsen, K. R., Michie, S., Hekler, E. B., Gibson, B., Spruijt-Metz, D., Ahern, D., Cole-Lewis, H., Ellis, R. J. B., Hesse, B., Moser, R. P., & Yi, J. (2017). Behavior change interventions: The potential of ontologies for advancing science and practice. *Journal of Behavioral Medicine*, 40(1), 6–22. https://doi.org/10.1007/s10865-016-9768-0

Manyozo, L. (2017). Spectacle of Development. In Communicating Development with Communities. Routledge.

McChesney, R. (2000). The political economy of communication and the future of the field. https://doi.org/10.1177/016344300022001006

McChesney, R. (2008). The Political Economy of Media. https://templeu.instructure.com/courses/122179/pages/week-7-overview?module_item_id=5046543

Obregón, R., & Tufte, T. (2017). Communication, Social Movements, and Collective Action: Toward a New Research Agenda in Communication for Development and Social Change: New Research Agenda in Communication for Development and Social Change. Journal of Communication, 67(5), 635–645. https://doi.org/10.1111/j.com.12332

Price-Smith, A. T., & Huang, Y. (2009). Epidemic of Fear: SARS and the Political Economy of Contagion. In Innovation in Global Health Governance. Routledge.

Snyder, L. B., Hamilton, M. A., Mitchell, E. W., Kiwanuka-Tondo, J., Fleming-Milici, F., & Proctor, D. (2004). A Meta-Analysis of the Effect of Mediated Health Communication Campaigns on Behavior Change in the United States. *Journal of Health Communication*, 9(sup1), 71–96. https://doi.org/10.1080/10810730490271548

Thomas, P. N. (2015). Communication for Social Change, Making Theory Count. Nordicom Review, 36(s1), 71-78. https://doi.org/10.1515/nor-2015-0030

Waisbord, S. (2015). Three Challenges for Communication and Global Social Change. Communication Theory, 25(2), 144-165. https://doi.org/10.1111/comt.12068

Wilkins, K. G. (2014). Advocacy Communication. In The Handbook of Development Communication and Social Change (pp. 57-71). John Wiley & Sons, Ltd. https://doi.org/10.1002/9781118505328.ch4

Wilkins, K. G., & Enghel, F. (2013). The privatization of development through global communication industries: Living Proof? Media, Culture & Society, 35(2), 165-181. https://doi.org/10.1177/0163443712468606

