Chapter 1
Making Health Information Personal: How Anecdotes Bring Concepts to Life

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ABSTRACT
Research suggests people often fail to understand the personal relevance of generalized health information. To make health information more meaningful, communicators can employ anecdotes that take the form of instructive stories about the illnesses or injuries of particular people. Appropriate anecdotes may help audiences internalize health information by triggering insights such as: “I see how that could happen to me…I’d better take action.” Vivid anecdotes appear to activate many of the same neurological pathways that help us extract meaning from direct experience and observation. By eliciting vivid imagery, provoking deep thought, and forging lasting memories, anecdotes may shape beliefs and behaviors to nearly the same extent as a lived event. This chapter explores methods for integrating anecdotes into health messages to increase personal relevance and prompt important changes in health-related behavior.

PREVENTING ILLNESSES AND INJURIES THROUGH THE MODIFICATION OF BEHAVIOR

Unhealthful behaviors represent an important public health problem in the United States and throughout the world. In fact, it is now widely recognized that unhealthful behaviors are among the leading causes of human death and disease (Ford, Zhao, Tsai, & Li, 2011; Mokdad, Marks, Stroup, & Gerberding, 2004; Woolf, & Aron, 2013; World Health Organization [WHO], 2011). Behaviors with the most deleterious impacts include tobacco use, poor eating habits, physical inactivity, alcohol consumption, unsafe actions that lead to injuries, unsafe sex, and the illicit use of drugs.

Over the years, public health professionals have developed a variety of interventions to influence relevant behaviors—often with positive impacts on human health (e.g., WHO, 2011). Examples of effective behavioral interventions include:

- Laws that require safe, responsible behavior (e.g., statutes prohibiting drunk driving).
- Policies that limit exposure to hazardous products and substances (e.g., the establishment of smoke-free public places).
• Built environments that support physical activity (e.g., the construction of safe and convenient walking routes).
• Public health messages that promote voluntary healthful behaviors (e.g., campaigns promoting breast self-examinations).

This chapter focuses on the last category of interventions—messages that promote healthful behaviors—and the realm of scholarship known as health communication.

A “RELEVANCE GAP” IN HEALTH INFORMATION: THE PROBLEM OF RELATING GENERAL INFORMATION TO PARTICULAR EVENTS

Health communication is an interdisciplinary profession committed to disseminating information that promotes safe and healthful decision making. Since health information is typically based on generalized epidemiological data, health communicators face the deceptively difficult task of helping learners comprehend the many ways in which generalized health concepts apply to particular events in everyday life. As an example, consider the current public health problem of distracted driving: Although drivers are routinely exposed to warnings about the number of deaths caused by inattention, many motorists continue to use cell phones, adjust radios, eat, and study maps while driving. The immense difficulty of applying health-related generalities to daily affairs is reflected in the finding that simply “learning the facts” often fails to trigger changes in peoples’ behavior (e.g., Weare, 1992; Zeitlin, 1994).

One way health communicators can address the gap between generalized information and particular events is by personalizing health information through the use of anecdotes about singular health-related experiences in the lives of particular people. The goal of such personalization is to increase the likelihood that message recipients will internalize the health lessons, change their behavior, and enjoy better health.

A Mental Experiment

Before exploring methods for infusing generalized facts with personal relevance, we’ll consider a brief “thought experiment” that illustrates the difficulty of applying broad generalizations to particular life events. To provide context for this “experiment,” we’ll examine two very different communication strategies for persuading adults to adopt behaviors that protect children from injuries caused by ride-on lawn mowers.

To prepare for our mental experiment, consider that childhood mower injuries comprise a serious public health issue in the United States, where thousands of children are injured by ride-on mowers every year (Hammig, Childers, & Jones, 2009; Smith & Committee on Injury and Poison Prevention, 2001; Vollman & Smith, 2006). Not only are these injuries common, but in some cases they have devastating consequences—particularly when a ride-on mower runs over a child. This can happen when a child is playing in an area where grass is being mowed. It can also happen if a child is riding on a mower and falls off—either while operating the machine or while riding as a passenger on an adult’s lap.

Injuries such as these have led health communicators to develop messages aimed at persuading adults to keep children indoors while mowing and to never let children ride as passengers. Many of these messages are based on generalized information about the risks to children in general, as illustrated in the U.S. Consumer Product Safety Commission’s (CPSC, n.d.b, p. 4) general warning shown in Figure 1.

Mental Experiment Task 1

As the first task in our mental experiment, take a moment to examine your subjective reaction to the message in Figure 1—a message based...