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Memorable Health Messages Embrace Student Perspectives

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This manuscript is based on data also used in my doctoral dissertation, “No sickness, no need: A qualitative exploration of female undergraduates’ health message perspectives” (2008).

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Abstract

Academic scholarship reveals a disconnect between health impediments college students identify and health information their respective campuses provide; campus health promotions that lack personal relevance for college students, and health programs that utilize control-based strategies to compel behavior change. The purpose of the present study was to explore college student perspectives about health messages to enhance campus-based health communications.

The researcher conducted individual, in-depth interviews with 16 female undergraduates at a research-intensive university in the southeastern U.S. The researcher applied thematic analysis to interview transcripts to uncover participants' health message perspectives. Findings revealed that female undergraduates are proactive and perceptive regarding health messages when they need information for a specific issue or concern; initially dismissive but eventually receptive of health messages they involuntarily encounter; differentially responsive to health messages from interpersonal sources; grudgingly tolerant of societal health messages—especially those concerning unrealistic body standards. Findings additionally revealed that female undergraduates usually disregard health messages they encounter on campus.

Keywords: public relations, health communication, health campaigns

Memorable health messages embrace student perspectives

In 2011, student participants of the National College Health Assessment identified anxiety, cold/flu/sore throat, stress, sleep difficulties, and work as the top five health impediments to their academic performance. Conversely, the top five health information topics student participants received from their college or university were alcohol and other drug use, cold/flu/sore throat, physical activity, sexual assault/relationship violence prevention, and physical activity (American College Health Association [ACHA], 2012). The contrast between health impediments students cited and the health information they received suggests colleges may lack awareness of student perspectives regarding health.

A good first step for understanding student perspectives is to engage in dialogue with college students about the health messages they encounter. The purpose of the present study was to discover how female undergraduates perceive health. Findings were expected to reveal implications for public relations scholarship and practice including enhanced health communication strategies for college students.

Scholars have established a correlation between learning environment and health (e.g., Jackson and Weinstein, 1997). The proper environment can foster college students who are motivated to learn, able to take on personal challenges, capable of coping with stress, and prepared to enhance their individual development. Thus, “the creation of healthy university communities is essential to the intellectual, social, and emotional development of America’s college students (p. 242).

The unhealthy university community could have longer-term implications as well. Illness can lead to absenteeism and impaired levels of academic performance among college students (Nichol, D’Heilly, and Ehlinger (2005). Sometimes such absences and academic issues lead to dropping out. “Each student that leaves before degree completion costs the college or university thousands of dollars in unrealized tuition, fees, and alumni contributions” (Chemers, Hu, & Garcia, 2001, p. 66).

Academic institutions have long recognized the importance of fostering relationships with their students. According to Bruning (2002) relationship building may positively influence retention. Thus, relationship management theory (Ledingham, 2003) should inform this study. Relationship management theory holds that public relations “balances the interests of organizations and publics through the management of organization-public relationships” (p. 181). Colleges are organizations, college students are one of their publics, and managing the relationship they share is paramount for both.

Literature Review

Much of the academic research that has been conducted about college student health during the past decade has focused on specific behaviors. To explore all facets of the phenomenon, the researcher focused the following review on studies that were not behavior-specific.

In a research study of medical schools with top-ranked health promotion programs, participants told Frank, Hedgecock, and Elon (2004), they preferred campus-wide health promotions to individual programs or courses because "a separate course gives the impression that the content is less important and optional" (p. 6). Students in a British university stated the same (Dunne & Somerset, 2004). Several campus-wide programs have been explored in academia. The campus-wide program Healthy Campus 2010 comprises planning guidelines and health objectives for the nation's colleges and universities (ACHA, 2006). The United Kingdom also developed a campus-wide effort and an accompanying booklet, "Health promoting universities" (Tsouros, Dowding, Thompson, & Dooris, 1998). Even the World Health Organization (WHO) has implemented a program to address college student health (Nutbeam, 1998).

With one exception (Zaleski, Levey-Thors, & Schiaffino, 1998) scholarship indicates that social support networks are key influences when it comes to students and their health. Hale, Hannum, and Espelage (2005) investigated the association between social support and physical health among female college students. Findings indicated that participants had higher levels of social support, higher levels of belonging, and tended toward better health perceptions. Findings for MacGeorge, Samter, and Gillihan (2005) found that supportive communication from friends and family moderates the association between their academic stresses and depression and physical illness symptoms. Scholarly research also suggests that social support is related to academic achievement among college students. According to DeBerard, Spielmans, and Julka (2004) "total level of social support was a significant independent predictor of academic achievement [and]…social support may be a useful way of insulating the individual from the harmful impact of stress" (p. 68). Ullah and Wilson (2007) also found an association between students' academic achievement, involvement with learning, relationships with faculty, and relationships with peers.

Some academic research has focused on health barriers college students identify. Perceived barriers were one of the most significant factors predicting health behaviors among 161 undergraduate participants in a study conducted by Von Ah, Ebert, Ngamvitroj, Park, and Kang (2004). In Davies et al. (2000), all-male focus group participants cited lack of time and fear of responses to ethnicity or sexual orientation among other barriers to their seeking healthcare. Fear and time constraints also emerged as barriers when Bost (2005) conducted a survey study with faculty, students, and staff who did not participate in a campus health assessment program. Some barriers students face are self-inflicted, however.

According to Sherman, Nelson, & Steele (2000) “If recipients of a health message fail to accept the information, then they will be unlikely to change their risky behaviors” (p. 1046).

One body of research has focused on the Internet as a health information source Scholars have reported that many college students use the Internet for health information, but they weren’t always able to find the information they needed online (Escoffery, 2005). Hanauer et al. (2004) found that health-related topics most popular among college students searching online were nutrition and physical fitness. Students were far less likely to search for the types of topics often the focus of on-campus health-promotion—even when the context of a research study encouraged them to do so. Despite the focus on technology-delivered health communication, scholars have reported, “it can be underutilized or utilized in ineffective ways” (Brashers, Goldsmith, & Hsieh, 2002, p. 265). Students have identified accuracy, credibility, currency, clarity, and ease of understanding as important in online sources (Escoffery et al.). Undergraduate research participants cited similar factors when Albano et al. (2003) surveyed them. Participants were more likely to seek such health information from family members and health care workers. (See also Brashers et al., 2002). Sometimes college students’ access to health information is restricted due to selective distribution. Ridner, Frost, and LaJoie (2006) reported that gay/bisexual men were less likely than their heterosexual counterparts to report having received some health information. Similarly, Brener and Gowda (2001) reported that nontraditional students might have been less likely to receive health information than full-time students between 18 and 24 years of age.

Self-identity plays a role in how some college students respond to health messages. In a study exploring what influences women’s level of involvement with health messages, Aldoory (2001) reported that participants’ self-identity and consciousness of their everyday practices were key factors. Similarly, when Curry (2007) conducted in-depth interviews to explore how African-American women make meaning of HIV/AIDS communication, participants did not want to face judgment from others who associated their identities with a health problem.

How students respond to health messages they encounter is mostly a factor of targeted messaging. Participants in Aldoory’s (2001) focus group and in-depth interview study, participants indicated that health messages from sources that were credible, attractive, or similar to them were important to their involvement. Curry (2007) found that target publics might choose *not* to process messages when they believe the messages inaccurately represent them. Vardeman (2005) found age-segmented distinctions when she explored how women of different ethnicities make meaning of cervical cancer communication. Scholars have suggested that audience involvement is a sound approach for health messages. However,

involvement cannot be manufactured. Dutta-Bergman (2005) and Schooler, Chaffee, Flora, & Roser (1998) contend that people interested in the issue learn from health campaigns, but those who need it the most are simply not motivated.

Studies suggest that health information signage is effective. In behavior coding research studying seatbelt safety, Booth-Butterfield (2003) found that reminder signs increased seat belt use over baseline. Conklin, Cranage, and Lambert (2005) found that female first-year college students living in a residence hall were significantly more likely than their male counterparts to use labels to make food choices, and they chose food establishments that provided nutrition information. Female respondents also ranked label information as significantly greater importance than their male peers (Levi, Chan, and Pence, 2006). The researcher was only able to locate one student health study with dissimilar findings in health message signage.

Before exploring how college students respond to health messages, scholars and practitioners must first ensure that students receive the messages. “A college student watching a [health] message alone in a dorm room will perhaps respond very differently to the message as opposed to being exposed to the message amidst a group of friends at the student union” (Dutta-Bergman, 2005, p. 110).

The following research questions were developed based on the preceding literature review:

RQ1: What health messages do female undergraduates experience?

RQ2: What is the originating source of the health messages female undergraduates’ experience?

RQ3: How do female undergraduates experience the health messages they encounter?

Method

The present study took place at a public university based in the Southeastern U.S. The researcher sought and received institutional review board approval before proceeding. The Pan-Hellenic council advisor and residence hall directors where underclassmen reside helped facilitate contact with the population of study: dormitory residents, females, and freshmen or sophomores. Purposive sampling was used to draw the population of study. The researcher emailed 25 students who fit the profile. After the researcher’s request, 16 college students agreed to participate.

Each participant read, signed and received a copy of an informed consent statement regarding study details and human subject’s guidelines prior to the interview. The researcher also supplied each participant with a document identifying all university-based health facilities prior to each interview. Interviews took place in the library, residence halls, and the Pan-Hellenic Affairs office.

Individual, in-depth, face-to-face interviews enabled the researcher to access each participants' mental constructions that represent their distinct social realities and experiences (Guba, 1990). The data collection instrument, an interview guide with a semi-structured design, was based on previously conducted research studies addressing college student health (e.g., Albano et al.; Dunne & Somerset, 2004; Luquis et al.).

Interviews were audio-recorded and transcribed by the researcher. Each interview lasted from 20-40 minutes. As with Halliwell and Dittmar's (2003) research study assessing women and men's body image attitudes toward ageing, "length and depth varied according to the participants' enthusiasm and involvement with the topic" (p. 678). Demographic characteristics of participants were tracked for classification purposes. The researcher also provided each participant with either bottled water or a $5 gift card for a national coffee chain.

Because the researcher is the instrument in qualitative research (McCraken, 1988), the researcher analyzed the study data, the interview transcripts. The analysis approach was thematic analysis. According to Fereday & Muir-Cochrane (2006) thematic analysis can involve identifying themes through pattern recognition within the data where emerging themes become the categories for analysis. "Themes are general propositions that emerge from diverse and detail-rich experiences of participants and provide recurrent and unifying ideas regarding the subject of inquiry" (Bradley, Curry, & Devers, 2007, p. 1766).

The researcher conducted thematic analysis in two stages, the second more in-depth than the first. Interview transcripts were analyzed throughout the data collection process, allowing any themes to emerge prior to each successive interview. Upon completion of all interviews, the researcher read verbatim transcripts of interviews line by line. In order to ensure that participant perspectives were the focus of the findings, themes were labeled using participants' own words. Research study results should include *emic* perspectives (insider's perspective participant can provide) and *etic* perspectives (outsider perspective from the researcher's reading and research) (Daymon and Holloway, 2002). Thus, findings from the initial stage of thematic analysis are titled and subtitled with emic and etic perspectives.

Findings

First stage of thematic analysis

The first stage of thematic analysis involved reading for overall understanding (Bradley et al., 2007). The researcher printed out and read each interview transcript, wrote paraphrases of participant's remarks in transcript margins alongside relevant text, then, reread the paraphrases and identified and labeled repeated ideas, words, and phrases. These labeled categories were themes. Three themes emerged from the initial stage of thematic analysis.

Participants were grudgingly tolerant of society's health messages: "Everyone is always looking".

While society did not always overtly issue health messages, many participants cited societal beauty standards as a major influence on their health-related beliefs. The importance of physical appearance was evident in several quotes and in participants' accounts of peer and social group interactions. It was not uncommon for participants to cite concerns about their appearance in response to researcher questions regarding their health, thereby conflating health and beauty.

> You have to be—you don't have to be, but you want to be healthy, but mostly just for the aesthetics of it. You want to look healthy and you want to be skinny and you want to fit into your clothes and look cute. It's not like I'm not concerned in the long run about my health, but that really is the reason. Well, I mean, everyone is always looking and, I mean, it's not just for others, I mean, you want to look and feel good about yourself, but everyone's always looking—Participant 2

Participant 2 reported that her primary concern was to "be skinny", fit into her clothes, and "look cute", while being healthy was less important. She acknowledged holding an aesthetic-oriented view of health, "it's not like I'm not concerned in the long run about my health" while simultaneously defending her position as society-driven, "everyone is always looking". Hers was a common sentiment among study participants. According to participants who belonged to sororities, the message of visual appeal was intensified in their organizations. The focus on image manifested itself through special events that required dressy attire, frequent photos of chapter members, and a fostered mentality to "represent" their "sisters" aesthetically.

> I mean, being in a sorority you don't want to be, like, really overweight because you want to be representing your sisters and you have to wear dresses a lot—Participant 1

The tacit health message was that members were expected to maintain an acceptable body weight. Although sorority members attributed some of the body image messages to their organizations, non-member study participants reported similar messages from other settings. In fact, some participants stated that females overall are expected to maintain a certain body weight because of societal standards for beauty. This perspective is illustrated in the following quote:

> Being a female, of course, girls are expected to look a certain way and, it's like, you don't want to let anyone down. I didn't really want to come to school and gain weight, and come home and be, like, bigger—Participant 2

For participant 2, society's standards for beauty were summed up in the singular statement that "girls are expected to look a certain way". This participant understood the unwritten rules about her diet and physical fitness, and she recognized the consequences of disregarding those rules: letting society down. Participant 2's perspective appeared to compromise her level of control regarding her body image. Her healthfulness could only be achieved through perceived

appeal to others. Several participants focused on societal body image standards, but a few revealed alternate viewpoints. Participant 9 quoted next, expressed adamant opposition to society's focus on appearance.

> I've noticed with just women in general that more people are worried about being skinny rather than being healthy. That's something that's always bothered me because I've always been a full-figured girl, you know? It bothers me that women care more about being socially acceptably skinny rather than just taking care of their bodies and doing everything to maintain and just being healthy—Participant 9

Interestingly, participant 9 framed part of her argument around being full-figured. It is unclear whether she would have expressed such opposition if her body size was in keeping with societal standards; however, she implied causation by using the term "because" to connect "always bothered me" and "full-figured". Participant 8, quoted next, recast the issue of societal standards for beauty as one of external (societal) pressures and personal (individual) choice.

> I will admit I've always been one of those people that have been very concerned with my image. When I danced, there was a lot of stress, you know, put on you. I was a competitive dancer, so I guess that's always been in my mindset. And I kind o' let it go my first year of college just because, you know, there's so many things to do—Participant 8

College gave participant 8 an opportunity to "let go" of her previous focus on body image; however, she expressed regret for doing so. An image focus, she reasoned, could have prevented her freshman-year weight gain. To participant 8, body image issues seemed an unpleasant necessity. Her concerns about gaining weight were echoed by other participants, many of whom were familiar with the "health message" about the fabled 'freshman 15' first-year weight gain. The following quotes illustrated this perspective.

> I was real in fear that I was going to gain the dreaded 15 pounds from living here. That was my main concern. And I guess, too, other people are kind of scared to gain weight from just sitting around—Participant 11

> Well, all girls are concerned with the way they look, obviously, and everybody's going 'oh no, the freshmen 15'. So, I mean, obviously every single one of my friends is going 'oh, I need to watch what I eat, I need to work out, and I need to run'—Participant 12

Participants 11 and 12 identified the freshman 15 as common issues of concern for themselves and others, noting "other people" and "every single one of my friends", respectively. Their responses illustrated that a health message originating with society had transitioned into an interpersonal message. The tone of the message shifted as well, gathering poignancy. It was not surprising, then, that participant 11 used emotionally laden terms "fear", "dreaded", and "scared" when discussing the freshman 15. Fear may have even facilitated the transition of the health message from the societal to the interpersonal level.

Participants were differentially responsive to interpersonal health messages: "We don't call each other 'fat', but we try to motivate each other to go to the gym".

Participants encountered health messages frequently through interpersonal sources. Their level of responsiveness varied depending on the message source. The decision-making process for determining responsiveness was not always readily apparent. Participant responses did indicate, however, that health messages from interpersonal sources were alternately positive and negative. Interpersonal health messages were sometimes situated in the context of concern about an individual's physical appearance. The following two quotes illustrate this theme:

> I think we kind of always talk about our bodies. It's like a perpetual examination of our figures and how we look. I think it's always a concern of how you look. I mean, I guess we talk about that all the time—Participant 2

> Well, all my roommates, we always talk about weight. We're always in, like, a race to see who can be skinnier. That's so bad. We always stand in the bathroom and get on the scales and everybody looks and we're like 'ah' you know, and 'how did that happen'. I mean, we don't call each other 'fat' or anything like that, but we try to motivate each other to go to the gym—Participant 8

Both preceding quotes indicate that "perpetual examination" of their bodies is a regular pastime for participants and their peers. Interpersonal messages are not as easily ignored or discounted as societal messages, so it is troubling that participants are engaging in what appears to be psychologically destructive behavior. Participant 2's hyper-awareness of body image was fostered by ongoing discussion regarding her and her peers' body shape as well as their appearance to others. Similarly, participant 8 and her peers were zealous in their approach to weight loss, competing to "see who can be skinnier". It was initially encouraging when participant 8 acknowledged her and her peers' level of examination was extreme—"that's so bad"—but disheartening when she immediately contradicted herself. Participant 8 defended her and her peers' hypercritical approach because, by doing so, they motivated "each other to go to the gym".

Several participants expressed appreciation for interpersonal health messages. In the following quote, participant 1 revealed specific traits of the peers she acknowledges and consults regarding health issues.

> My roommate, she is a nutrition major, so she kind of keeps me on track. If I eat something, she grabs it and says, 'this has, like, 25 calories per bite, you can't eat that'—Participant 1

Identification of her roommate's nutrition major suggests that participant 1 ascribed expertise to her roommate due to her major. The same message would likely not have been as credible had it come from a peer without health knowledge. Participant 7 also expressed the importance of source credibility. By way of example, she described a health-related exchange she had with a nutritionally aware peer in the following quote.

> One of my friends, he's one of these people that goes and works out at the Rush [fitness club] and, you know, drinks the protein. We were sitting there talking and, we were talking about how you can get a salad this big for three bucks, or you can buy Burger King and you're full, you know? Because at Burger King, you can get all the fat [for] free. All that lovely stuff…—Participant 7

Although the preceding quote illustrates the societal message that eating healthy is expensive, participant 7's depiction of her friend who "works out at the Rush" and "drinks the protein" also established the friend as someone with nutritional know-how. As with participant 1, participant 7's quote suggested that the same exchange would not have been as credible had it taken place with a different peer. Source credibility was important for other study participants, but they appeared to equate credibility with familiarity. In the following quote, participant 9 identified connection with a peer as important in communication exchange.

> One of my best friends, actually, we talk about more of the healthy eating, because we've both been sort of slightly overweight for awhile, since college, anyways. We both decided to go on diets for summer. It makes it a lot easier to talk to somebody and to have somebody relate to your problems and your struggles with staying fit and staying healthy—Participant 9

The peer referred to in the preceding quote was credible to participant 9 because of the struggles with weight the two had in common. Credibility also appeared to be linked to the peers' experience and, thus, expertise, regarding weight issues. Participant 12 also implied the importance of identifying with a message source. In the following quote, she discussed a topic-specific health message.

> I know with a lot of sexual health my friends would be, like, 'oh, I'm worried about this' and they would say, 'well I read it in a magazine'. Although that's probably not the best way to hear, I think it's more comforting for a young girl to hear from her friends just to get, like, a general idea before, maybe, pursuing another option—Participant 12

Participant 12 acknowledged that a magazine was "probably not the best" information source for a sexual health message from a friend, yet she defended her choice. Familiarity seemed to surpass credibility for participant 12's health message sources.

Participants were primarily dismissive of campus health messages: "I read that there was a health fair. I just wasn't interested in going".

Participants encountered health messages on campus regularly, on posters, flyers, and student newsletters, but they primarily dismissed such messages. Although no participants expressly mentioned the vast numbers of messages they encounter daily, information overload could be partly to blame for not acknowledging campus health messages. The individual factors participants cited were disinterest, lack of perceived need, and no personal relevance. The only societal factor cited was lack of message credibility. Participant 1 expressed her lack of interest in a health message she received on campus:

> I read in an email, like, news for students, that there was a health fair. I just wasn't interested in going, really. I don't know if it was a time conflict, but I just wasn't interested in going—Participant 1

Participant 1 was unsure of her reason for dismissing the health message, yet she was quite sure of her disinterest in attending. Her disinterest in attending the health fair may have been due to a time conflict, as she suggested, or another factor. It is notable, however, that she remembered the venue (an electronic newsletter) and message focus (campus health fair). Her memory, though limited, may indicate that participant 1 held a positive attitude about the topic or the electronic newsletter format. Overall, participant responses did not reveal what role, if any, message format played in shaping their perspectives about health messages. However, the following quote suggests that the format participant 12 identified was not effective for a health message she encountered:

> I know here we have something for mental health, but I have to admit I'm not quite sure what it is. I heard about it at my freshman orientation. They had, like, a 20-minute or 30-minute presentation, but that's about all I've heard about it. I'm sure they have a Web site, but I wouldn't know what it is. I don't even know what the thing is called, but I know it does exist. I don't know how many people utilize it 'cause it's not very widely known as far as I know—Participant 12

Participant 12 arguably retained enough information about the Counseling Center to locate it if she needed it in the future, thus, the knowledge she retained may have met some of its presenter's objectives. Still, her response may be all-too-familiar to student health practitioners struggling to capture attention from busy college student populations.

Lack of perceived personal relevance was to blame for some participants' disregarding health messages. For participant 8, quoted next, message relevance was determined by its context.

> As far as, like, the [Student Health Services] postings, I mean, if I'm not really sick or anything I don't really pay attention to those—Participant 8

Despite being aware of posters and flyers about Student Health Service, participant 8 disregarded them. Attributing her lack of attentiveness to "not being sick or anything" suggests she may have responded differently had she been ill.

Only one study participant attributed her dismissal of a campus health message to societal factors. Participant 3 recounted her response to some student health brochures she saw in a residential dining hall.

> They really try to advertise, like, on the brochures and stuff, and they'll show pictures of really healthy meal options, but I've never seen that [food in the dining hall]. So, things are misleading. I've seen some brochures in the cafeterias, it's called a 'just for you' brochure, and on the front it's got, like, raspberries, like, all this stuff I've never seen in there. In the cafeteria, it's, like, apples and bananas, so I think stuff like that is a little misleading—Participant 3

Second stage of thematic analysis

During the second stage of thematic analysis, the researcher put interview transcripts and self-memos in sequence by date (LeCompte, 2000), reread them one-by-one, and wrote down key insights or ideas not fully developed during preceding stages of analysis. This second stage of analysis led the researcher to identify two additional themes that focused on receiving and seeking out health messages.

Participants were reluctantly receptive to compulsory health messages: "If my teacher didn't have us research Student Health Service, I probably wouldn't even know where it was".

Representative quotes in this theme illustrate the reality that participants did not value certain health messages until long after encountering them. Although college student health practitioners may prefer messages have immediate impact, participants identified delayed impact for some of the messages they encountered. Delayed impact messages may be an alternate approach student health practitioners can utilize to engage college students in campus settings. Participant 2, for example, benefited from encountering a compulsory health message, yet she expressed initial reluctance and non-responsiveness.

> If you're just, like, for instance, walking to the cafeteria, there's, like, signs and they have fruit on them. I can't remember exactly what it says, but it's something like 'you can eat well here'…. I believe everyone's trying to eat healthy and it's a good reminder, just a little conscious choice to try to choose correctly—Participant 2

In contrast to the final theme of the preceding section in which participant 3 dismissed student health brochures when she questioned their credibility, participant 2 appeared to hold a positive view of the student health handouts she's encountered at the university. Many participants were dismissive initially, as they were with campus-based health messages. But upon further probing, it became clear that they often eventually recognized value in the messages. The following two quotes illustrate this theme:

> I feel like a lot of campuses do promote and publicize the sexually transmitted diseases, the STDs and the HIV testing and all that stuff, and I think it's a good thing that they do publicize that—Participant 9

> I think it's good to be aware of what's going on as far as the flyers go. If you're aware about blood drives and things like that, you're more likely to do it. Being informed in general is helpful—Participant 10

Based on participant 9's description of select compulsory health message topics as "a good thing", she might respond according to particular health topics. Her experience challenges student health practitioners to choose carefully when selecting health message topics for college students. Conversely, participant 10 demonstrated a common response to multiple compulsory health message topics. Her statement that "being informed in general is helpful" contradicted findings reported in theme 3, which revealed participants' primarily dismissive response to campus health messages. The

following participant also identified far-reaching benefits of a series of compulsory health messages that had strong interpersonal and social components.

> For my sorority we have an officer [who] was an aerobics instructor at T-Recs, so we had, for a while, like, weekly workouts and she would give us tips. There was one meeting where she stood up and gave us all a handout about what to do and how many calories you burn doing this and, I mean, it was kind o' beneficial to the whole chapter. During our chapter meetings she could stand up and she gave us all a handout and talked to all of us—Participant 12

The health messages identified in the preceding quote included a presentation, an exercise routine, and a student health handout. This suggests that health messages may benefit from a multi-level promotional approach. Participant 12's response that the handout alone was "kind o' beneficial" indicated likewise. She did, however, emphasize the expansiveness of the presentation when she stated its benefits were felt chapter-wide.

Some participants implied their eventual appreciation of compulsory health messages rather than stating it outright. The following quote illustrates this perspective:

> I'm from a generation of people that have had health problems. But we're trying to work on it, so they give me advice that they know. They tell me to keep walking and get active and stop eating so much pork and drinking a lot of drinks; to keep drinking water, and stop going to sleep after I eat and stop eating so late—Participant 5

Participant 5 identified three distinct areas of advice her family members shared with her: physical activity, food choice, and water consumption. By stating, "we're trying to work on it", participant 5 suggested she and her family were in partnership to pursue healthful habits. She also intimated an overall positive response to the health message/advice she received.

Participant 15, quoted next, reported a high level of appreciation for a compulsory health message she encountered, but her appreciation occurred when she had a specific health information need. Interestingly, participant 15 faced a health concern soon after encountering a compulsory health message, thus demonstrating the interrelationship between compulsory messages and proactive message seeking:

> Our teacher had us research the [Student Health Service] health center. If my teacher didn't have me do that, I probably wouldn't even know where the health center was…It's funny 'cause after I did that, I actually had to go to the health center—Participant 15

Participants were proactive and perceptive regarding health messages when they had health information need: "I had a wart on my foot. I didn't know if it was a wart, so I had to look that up".

Participants are proactive and perceptive when they need health information, and they seek out such information from multiple sources. Sometimes participants conduct health information searches online; other times they seek out

health or medical professionals for initial or confirmatory advice. As illustrated in the preceding section, on-campus messages are also sometimes the impetus for proactive information seeking. Regardless of their information-seeking behaviors, study participants were most amenable to health messages when they had a health information need. As illustrated in the following quote, participant 10 sought medical confirmation after an online search:

> I go on the Internet and if I have symptoms and I don't really know if it's more than a cold, I'll put it in the Internet and see if it brings something up. Then I'll go to my doctor and be like, 'do I maybe have this?' Because I'm always afraid that I'm going to go to the doctor and they're not going to, like, check everything—Participant 10

Participant 10 used the knowledge she gained from her Internet search as a means of protection during her doctor's visit. Her fear that "they're not going to check everything" drove her Internet search. For participant 10, an online search reduced her chances of receiving insufficient medical care. Participant 13, quoted next, health information searches on specific websites provided confirmation.

> Honestly, the first thing I do is Google it. I go online and see if I can find anything that looks similar to what I have, and then when I go to the doctor, I take it to him and say 'hey, I've seen things like', you know, 'this, this, and this, what do you think? Does it even sound like it could be right?' Just to get a general idea—Participant 13

Using Google as a first step suggests that participant 13 has had success using the ubiquitous search engine. Her perspectives about health messages may have even been shaped by her experiences on Google, with the site representing a credible health information source due to her frequent use and familiarity. Participant 12, however, was less trusting of the Internet, despite her use of the Web to seek out health information.

> Especially now with the Internet you can always look it up. Although, I've heard that can be kind of misleading sometimes, but I mean it's a resource if you have something pressing. I had a wart on my foot, I didn't know if it was a wart, so I had to look that up—Participant 12

Interestingly, participant 12 did not let her view of the Internet as "misleading sometimes" limit her use of it as a health information source. She identified convenience and immediate need as the focus for her approach, as indicated by her statement, "it's a resource if you have something pressing". Echoing earlier misgivings about some information sources, study participants showed an abiding interest in source expertise. When they have a health information need, participants repeatedly cited those in the health and medical profession as sources.

> When I have a question about health, I ask my mom because she's a RN—Participant 15

Even when participant 15 sought different sources for more personal health information, expertise remained important.

> When I was back home, if it was something I didn't want my mom to know, I would go to the health department—Participant 15

Even when alternate means were required, participant 15 demonstrated self-assuredness in seeking out health information. Her proactive approach may have been partly due to her familiarity with the medical field because her mother was a nurse. Other participants also relied on medical expertise when they needed health information. The following participant identified Student Health Service as her only health information source:

> I go there [Student Health Service] to get my checkups, you know? If I notice anything different, I definitely go there. My friend had, like, a big bruise on her leg and so, we didn't know where it came from. She just woke up one day and it was there. So we were just like, 'you need to go and get it checked out 'cause something could be seriously wrong'. But it was nothing after she went and got it checked out. But, little things like that, you know, are you protecting yourself, if you're sexually active, are you protecting yourself—Participant 16

Participant 16 visited the clinic for checkups, sexual health issues, and if she noticed "anything different" on her body. She also encouraged peers to do the same as indicated by her solution-oriented reaction to a friend's potential health issue. Participant 16 was the only study participant who identified Student Health Service as her sole health information source. This may have been due to the level of expertise she ascribed to the clinic or the strength of her relationship with her clinic physician. Relationship was a key for participant 9's preferred health information source: her mother. Source expertise seemed secondary when she reasoned that "moms know everything" in the next quote. But her follow-up statement suggested otherwise.

> It depends on how serious the problem is. I usually call my Mom, because she's my Mom, you know, and Moms know everything. And if it's something a little more serious, I call my Aunt who has some medical background—Participant 9

Identifying a relative with "some medical background" as her preferred health information source when she faced "something a little more serious" indicated that source expertise remained important to participant 9. The level of medical knowledge this particular source had was unknown, however.

Discussion

The social context of the university shaped study participants' understanding of health and health messages. The physical layout of the campus and its surrounding community repeatedly appeared as both an opportunity and challenge. Participants often reported the positive benefits of exercise while navigating the hilly campus but also experienced the negative pull from fast-food restaurants that offered unhealthy eating options. Study participants reported some limited knowledge of on-campus health facilities and programs (often reluctantly received through compulsory messages). Participants also reported fairly strong use of recreational facilities, which are available to some students living in dormitories.

Even though university students are not exposed to compulsory health classes, there was strong evidence that coursework in nutrition and other health-related topics is filtering through to students who do not take those courses. Students majoring in nutrition and other health areas have become trusted interpersonal sources for other students. Study participants also referenced health brochures, flyers, newsletters and other campus-based health information. While they often initially disregarded such messages, there was evidence that they proactively accessed these campus sources (among others) when faced with a health need. The primary topics presented in those materials were topics that participants identified as important—regardless of whether they mentioned seeing those on-campus messages.

Much of the literature on college student health focuses on behavior-specific topics. While some of these topics did arise in the present study, participants seemed far more interested in the interpersonal contexts of health topics than the structured messages presented on campus in an often-compulsory way. However, there was evidence that, when faced with a health situation, participants would proactively seek information. Earlier literature did recognize the importance of social support and the creation of new social networking systems (e.g., DeBerard, Spielmans, & Julka, 2004; Hale, Hannum, & Espelage, 2005; MacGeorge, Samter, & Gillihan, 2005; Ullah & Wilson, 2007; Zaleski, Levey-Thors, & Schiaffino, 1998). Interestingly, these students who are in the early years of their college experience seem to be balancing messages they receive from their families and messages they receive from their college associates. Sometimes "Mom" is the "go to" person because she "knows everything." But sometimes, a sorority sister is the expert who can validate the message in a printed document.

Like earlier studies that found high prevalence of health barriers among college students (e.g., Bost, 2005; Davies et al., 2000; Sherman, Nelson, & Steele, 2000; Von Ah, et al., 2004), study participants reported barriers to health. But their comments also revealed that social interactions could create both barriers and supports. The need to "look good" led to eating behaviors that controlled weight gain even though the primary goal was to look good rather than to be healthy. Zaleski, Levey-Thors, & Schiaffino (1998) also reported mixed findings regarding social interactions. According to the researchers, new students who coped effectively with the transition to college relied, in part, on the use of moderate amounts of alcohol to alleviate school-related stress.

The literature on health information seeking was supported by some of the sources used by participants. Escoffery at al. (2005) found that electronic media could be a resource to clarify sometimes-complex health issues. However, study participants indicated that social and interpersonal sources were highly important to them while "official"

campus sources were likely to be ignored until there was a pressing need for information. This differential usage of new media is supported by earlier literature suggesting it can be under-used or misused (Brashers, Goldsmith, & Hsieh, 2002).

The finding that participants were proactive and perceptive regarding health messages when they have health information needs can help campus communicators facilitate health-focused coverage via campus media. Participants identified television monitors at the campus fitness center, websites for the campus fitness center and the student health clinic, and Internet search engine-generated sources among the media they use when seeking out health or treatment information. Health-focused coverage can take place in venues where participants seek health or treatment information. There may also be value in posting signage in these venues since earlier literature supports its effectiveness (e.g., Booth-Butterfield, 2003; Conklin, Cranage, & Lambert, 2005; Levi, Chan, & Pence, 2006).

Study findings revealed one complex health issue public relations practitioners can demystify: the cervical cancer vaccine. Several participants cited interest in and awareness of sexual health matters. Two participants in particular stated their intentions to get the vaccine after a mutual friends' cervical cancer diagnosis. Earlier literature by Aldoory (2001) and Curry (2007) state that self-identity plays a role in how some college students respond to health messages. Vardeman (2005) found age-segmented distinctions when she explored how women of different ethnicities make meaning of cervical cancer communication. Public relations practitioners could facilitate clear, consistent tailored messages through select channels about the cervical cancer vaccine as well as other sexual health matters. The importance that women in this study placed on interpersonal sources also indicated the need to provide women who receive the vaccine with printed material and/or references for online sources that they can provide to other women.

Participants in the present study ascribed expertise to select health information resources. This was a particularly interesting finding given the number of messages—health and otherwise—female undergraduates encounter every day. It would seem to require considerable effort to alternately ignore and acknowledge health messages, but the technologically oriented environment in which participants live has necessitated selective attentiveness. Participants identified several personal and professional contacts as health information sources, suggesting that their perspective about a particular source took precedence over any given source's academic or professional expertise. Source credibility has also been reported in public relations and communications scholarship (Albano et al., 2003; Aldoory, 2001).

Study findings indicating that participants ignore many health messages unless they have health information needs is supported by earlier literature (Dutta-Bergman, 2005; Schooler, Chaffee, Flora, & Roser, 1998). In response,

public relations practitioners could develop programs in partnership with health clinics in close proximity to college campuses since such clinics interact with students when they experience personal health crises.

Public relations practitioners could also address college student ambivalence regarding some health messages by consulting with college student advisory committees before developing health messages. Doing so would help administration officials balance their interests with those of their students, supporting the tenets of relationship management theory (Ledingham, 2003). Who better than college students could facilitate health messages that appeal to them?

The context-bound single-campus setting of the study mean findings cannot be generalized, but generalizeability is not a goal of qualitative research. Instead, the researcher addressed *transferability* "the specific knowledge gained from the research findings of one study to other settings" (Daymon & Holloway, 2002, p. 93).

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