



Critical Health Communication Methods: Challenges in Researching Transformative Social Change

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This reflexive essay describes how methodological choices involved with critical commitments to understanding the economic and political roots of health status lead to challenges in the field that intersect with the politics of academic training, visibility, and publishing. Through the lens of my own research experiences, I discuss lessons learned as well as ways that I continue to struggle. I consider issues that are primarily personal and those that we should address as a field. In the essay, I describe six observations from my experiences researching transformative social change that have implications for critical health communication scholars and the discipline of health communication.

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I am taking notes as Secretary for the Board of Directors meeting for Apple Street Market, a worker and community-owned neighborhood grocery initiative. We are discussing the building committee's request for more information about our last-ditch efforts to obtain the funding we need to secure our site for the store. The building committee members discuss Request for Proposals from the site owner, variances from city ordinances, possible co-location with other businesses, sales estimates per square foot, and the intricacies of New Market Tax Credits. The next topic is our fundraising campaign, which has to address securities law as we consider owner loans, owner shares, and donations. As I take notes, I am wondering, how did I get here again?

I say “again” not only as a figure of speech but because this is not the first time that I have had this thought during this and other engaged research projects. I wondered about my research role with Apple Street Market when I was learning how to light chafing dishes for buffet lines at member-owner meetings. I wondered how having a Ph.D. in organizational and health communication led me to participate in a march with global trade justice protesters in downtown Cincinnati, wearing an orange arm band that indicated that I (all 5' 3" of me) was a marshal—keeping folks in line with the parade parameters we had negotiated with the police—all while carrying a notebook instead of a protest sign. For good measure, we got tear gassed by Cincinnati police officers when the event was completed and the police had already towed my car at another event earlier that week.

In this essay, I first describe how my research agenda led me to these engaged research experiences. Although much has been written about participatory and community-engaged research (Harter et al., 2011; Minkler, 2012), here I specifically consider some key challenges in critical health communication research that engages efforts at transformative organizing. This essay describes how methodological choices involved with my critical commitments to understanding the political and economic roots of health lead to some unique challenges in the field, and considers how those challenges intersect with the academic politics of training, publishing, and visibility.

HEALTH COMMUNICATION AND TRANSFORMATIVE SOCIAL CHANGE

At one level, I can explain quite rationally how I became involved in these projects. My research is fundamentally concerned with the social construction of health and the politics of illness attributions. Following critical traditions in health scholarship (Waitzkin, 1983; McKnight, 1988; Lupton, 1994; Kirkwood and Brown, 1995), I have critiqued western lifestyle discourses that attribute illness almost exclusively to individual choice-making (thereby overlooking structural factors) and medical discourses that equate achieving good health with access to medical care. Given the critical impulse to promote social change (Waitzkin, 1983; Horkheimer, 1986), I wanted to move beyond ideological critique of problematic discourses to praxis. I therefore sought out efforts, particularly activist organizing, that draw attention to not only the social determinants of health but the *political* roots of health status (Ford and Yep, 2003; Zoller, 2005). Additionally, it seemed to me to be common sense that health communication scholars should systematically address economic inequality, given that the primary predictor of health status is income levels, which are related to gender and racial differences among other issues (Kennedy et al., 1998; Pickett and Wilkinson, 2015). As a result, I investigated the economic dimensions of health including corporate political influence over economy policies, globalization, and occupational and environmental health issues (Zoller, 2012). Having argued for more attention to efforts at transformative change vs. resistance within existing relations of power (Ganesh et al., 2005), I became interested in alternative efforts to organize a more equitable, democratic, and environmentally sustainable economy, including the movement to create a network of Mondragon-style worker-owned, union cooperatives (www.1worker1vote) and an international farm labor certification initiative that partners with retailers, growers, environmental groups, and farm labor unions.

However, this rational account of my research trajectory does not address experiences of doubt and emotion management that arises with critical health communication research in the field that I reference in the opening paragraphs. I have struggled with how to frame parts of my research agenda in ways that engage with the health communication discipline, and grappled with risks associated with studying transformative efforts. Although authors frequently construct confessional tales to share advice and the successful management of challenges in ways that build researcher ethos (Van Maanen, 1988), here I try to put ego aside to discuss lessons learned as well as challenges that I continue to face.

OBSERVATIONS ON THE POLITICAL AND PERSONAL IN CRITICAL HEALTH COMMUNICATION RESEARCH

Here, I describe six observations from my experiences researching transformative social change. I consider issues that may be primarily personal as well as those that we should address as a field.

Our Choices About What to Study Are Linked to the Politics of Academic Visibility

Economic inequalities are at the root of health disparities (Kennedy et al., 1998; Pickett and Wilkinson, 2009). However, researching activism that seeks to transform the economy may not look like the majority of health communication scholarship, which tends to emphasize health education and promotion campaigns, medical interactions, and social support for people with illnesses (see for overview Thompson et al., 2011). Despite growing attention to economic policies in critical health communication research (Zoller, 2004, 2016; DeSouza et al., 2008; Dillon and Basu, 2013), I still find it challenging to address many forms of economic activism as health communication research.

I am studying Apple Street Market because of the transformative potential of the union cooperative movement, affiliated with the labor movement that I mentioned above. The union cooperative movement is an alternative to the corporate economy. The movement's goal of building an equitable and sustainable economy for all, particularly for groups previously marginalized, places its work at the center of reducing health disparities by improving income, working conditions, and building long-term community-based wealth (Dean, 2013). However, I was concerned that researching the Cincinnati Union Cooperative Institute (CUCI) (a major part of that network and the incubator of Apple Street other cooperatives in our region) would not be perceived as health communication scholarship given its emphasis on building a variety of businesses (from manufacturing to cleaning to environmental retrofitting, to groceries). In other words, I did not think that the promotion of economic change alone would appeal to health communication journals.

In this case, I managed this challenge by selecting individual CUCI cooperative initiatives including a farming and food hub operation (Our Harvest) and a grocery store (Apple Street Market) that connected to health via food, vs. the cleaning or energy retrofitting organizations. The food connection seemed more likely to be recognized as health communication research. In this case, the choice was a relatively easy one to make, but other efforts to promote economic change may prove more difficult to adapt. This question of theoretical scaffolding (that is, connecting these topics to health communication) has influenced my research trajectories in the past. For example, I found that I did not do enough theoretical work to make important connections before engaging in research about Cincinnati's 2001 globalization protests, and as a result, I did not publish any of that research in health communication journals. I also found it too challenging to frame efforts such as the Occupy movement overall as health activism even though changes in income inequality would have major health effects.

Building lines of research that connect health and marginalization across contexts would help to pave the way for newer health communication scholars to justify their choice to investigate efforts to address economic and other forms of inequality and social problems to doctoral and tenure committees. It is important to note that I reside in a

department that is supportive of critical research and allows department members to build a rationale for our research focus. Other departments may have expectations that scholars align with dominant lines of extant research. As critical health communication researchers, we can do more to create a body of research that connects income inequality and health, including more investigation of health policy as both fundamentally communicative and economic in nature (and vice-versa) (see for example Conrad and McIntush, 2003). Forums like this one are an exciting sign of growing interest in the discursive construction (and deconstruction) of the political structures constituting and mediating health experiences. I look forward to more work that connects the construction of economic relationships as a central component of the discipline, along with research that connects economic discourses with multiple points of marginalization including race, nationality, gender, sexuality (Gillespie, 2001; Dutta and Basu, 2007; Sastry and Dutta, 2011).

Establishing Research Relationships Can be Particularly Challenging With Transformative Efforts

Critical researchers interested in democratic and grassroots efforts at transformative change may find it particularly challenging to reach out and establish research relationships due to the time and resource barriers that these groups face as well as their unique vulnerabilities. These challenges mean that researchers may have to plan for a lot more time prior to research commencing, during what Gonzalez (2000) referred to as the spring or preparatory phrase in her “4 Seasons” approach to ethnography.

I was fortunate that my Apple Street Market and farm labor certification studies garnered research support from a Waterhouse Family Institute grant, and I was particularly grateful that the granting agency was flexible with the timeline because of their experience funding social justice work. It took immense effort to establish research relationships with both entities. CUCI (Cincinnati’s union cooperative incubator that I mentioned earlier), is an exciting and energetic organization, but it is comprised of a small group of people who are stretched thin in terms of time and resources. Research dollars were not enough incentive to create time to meet with organizational leaders to build trust, provide information about my research, and to conduct interviews when those leaders were busy attaining funding and growing multiple small businesses. As I discuss in the next section, it was not until I found a way to contribute to the grocery project on my own that I gained access. Although I should not have needed the reminder, it took me quite a while to remember that access is about showing up and making small contributions vs. assuming that our research goals themselves will be immediately valuable to the organizations we study.

The farm labor multistakeholder certification initiative that I mentioned earlier is a nascent transnational organization with the backing of major retailers, unions, and NGOs. It was very challenging to establish relationships with the founders of this initiative because leaders were concerned about potential negative coverage that could jeopardize their efforts, which relies

on positive reputation in the form of product labeling. After much negotiation, access entailed signing a research agreement that limits what my co-researchers and I can publish about the organization. The agreement is a clear ethical conundrum for a critical scholar. Obviously, each case of negotiating access has to be considered on its own merits. In this instance, after discussion with my research partners who were more familiar with this approach, I decided that access to this unique initiative and the opportunity to highlight efforts to improve working conditions, safety, and pay for marginalized farm workers along with environmental stewardship in the U.S. and Mexico was worth the limitation.

I have to admit that the time spent negotiating access and then delays in these projects have slowed my publication rate recently. Scholars have to weigh these risks to their research trajectory against their career needs. For example, I have engaged in these projects after achieving promotion to “full.” I also have spent some time doing theoretical work and textual analysis between participatory projects. At the same time, personal characteristics come into play here as well because I was simply too stubborn to move on to different research contexts after I determined that I wanted to study these organizations. It would be wise for scholars in more precarious positions to cast a wider net of potential research settings and participants, when possible.

Transformative Change Efforts May Challenge What You Consider to be a Research Contribution

When you do establish a participatory relationship, the efforts may well be in need of support in exchange for access that does not directly relate to our research expertise or educational training. I ultimately gained access to Apple Street Market because I showed up for volunteer meetings and just happened to know a good bit about bingo (of all things) when they were conducting a fundraiser. Setting up for bingo led to discussion of my expertise in cooperative organizing, but I was primarily invited onto the board by the Project Manager to assist with marketing and social media management. Serving on the board was a way for me to contribute to the organization, a fundamental component of critical, engaged research (Minkler, 2012). However, these areas where they were looking for help are not primary areas of research or professional expertise for me (I have some level of knowledge based on research and teaching). Moreover, as I described at the start, serving on the board also entailed learning about the complexities of financing and building a community/ worker-owned cooperative grocery store, which includes issues like securities law and building codes. I have experienced a steep learning curve in these areas.

Although it is far from glamorous, acting as the Secretary for the board as a part of my participant-observation research, will *eventually* translate into a role as an organizational historian in order to preserve insights about efforts during its founding, share insights with other CUCI cooperatives and the larger cooperative movement through multiple popular education outlets that they promote (including conferences, low-cost handbooks, websites, etc.), and build communication theorizing. I would also note

that involving students in a graduate qualitative methods course doing focus groups and market research was a way to build mutual research benefits for the market and to my department.

On the other hand, the food labor certification initiative leaders found my *research* background in organizational participation to be potentially valuable. In that case, though, my ability to conduct focus groups in the U.S. and Mexico was severely limited by poor quality conversational Spanish and a lack of in-depth knowledge about daily farm operations. This study serves as a reminder that negotiating access with vulnerable populations may require working in partnerships. The organization put me in partnership with scholars who are fluent in Spanish and experts in farming practices, and my grant provided resources to translate interviews (Perhaps there is a lesson here about the *benefits* of stubbornness, as these obvious shortcomings probably should have deterred me from pursuing the project).

Overall, we should consider that the needs of community-based and social movement organizations are likely to be different than research that takes place in major health care institutions such as hospitals or workplaces. These organizations may be able to dedicate time and resources to projects and may be able to more easily incorporate contributions that emerge from our research specialties. For example, my trajectory was likely quite different from Eisenberg et al. (2006) (incredibly insightful) applied research with a hospital. Although I am sure this project was also very challenging, hospital leaders had time to learn about the value of building a narrative to address patient experience, and the resources to encourage research participation from employees. Therefore, scholars who engage with grassroots and other marginalized groups engaged in transformative social change should be prepared to contribute in a multitude of ways to the effort, remaining flexible and open to continual learning in an unpredictable environment.

Researching Efforts at Transformative Change Can be Risky to Academic Publishing Expectations

In addition to delays in accessing research sites, there are other risks to academic timelines. Efforts to promote democratic, transformative change are often organized from the margins, by those with less investment in dominant systems. Proponents of transformative change, particularly grassroots groups, cannot generally rely on acquiring existing resources, and face an often skeptical public that may view the efforts as fringe (Parker et al., 2014). The politics of “feasibility” occupies public imagination in terms of beliefs about what is possible and realistic (Therborn, 1980). As a result of these challenges, transformative efforts are often SLOW and precarious, risking collapse at any time. At the same time, these organizations often have significant needs for volunteers and can take as much time from you as you can give. These factors mean that researching transformative efforts may entail a significant investment of time in initiatives that may not come to fruition. Scholars at different stages of their career have to take this risk into consideration when choosing projects.

In the case of Apple Street Market, I am interested in how store employee-owners participate in decision-making and the influence that voice has on their quality of work, stress, and occupational health, as well as what role the store can play in reducing community health disparities. However, the community has been organizing for 5 years and the market is still not open. Opening a grocery is a very expensive and complicated process, and building cooperatives with an appropriate debt ratio involves a lot of fundraising from small donations and major institutions. A small group of volunteers has an enormous workload. And, as I indicated at the start of the essay, the store may never open because of a collapse in funding resulting from delays and changes in tax codes and market conditions.

There is no simple set of directives about how to manage these risks, but I offer a few observations here. First, as my colleague Shaunak Sastry had to remind me, failed efforts are still instructive. We simply have to keep risk that in mind as we pose research questions and make plans for future publications. “Keeping this in mind” also involves managing our own frustrations and emotional reactions when projects do not come to fruition. I have experienced that frustration at delays as well as serious concerns about community members who have given to the project and may end up without a grocery store to show for their efforts.

Critical researchers also should carefully weigh how you spend your time in light of your professional goals. If the project is something you are passionate about and would volunteer for without the research component, that certainly helps. However, not everyone has enough free time to do that given work and other life commitments. In my situation, I am interested in researching many of CUCI’s incubated cooperative initiatives, so I feel like the investment of time in one project is worth it to learn more about other initiatives. For example, I also conducted an interview and observation project (vs. participatory project) with the Our Harvest food hub, so that “data” is something that I can count on. Practically, researchers can gather texts and other “durable” artifacts for investigation when researching transient organizing that may not last.

Researching Transformative Change Requires Possibly Unique Forms of Patience and Emotional Labor

Deetz (2005) suggested that critical scholars should be “filled with care.” Multiple authors encourage reflexivity before entering the field so that we understand our own strengths and weaknesses as they relate to the research process (Sharf, 2005; Field-Springer, 2019). I have practiced reflexivity and the need to listen openly to those who express viewpoints very different from my own, for example, in research about environmental health around a chemical plant. Graduate methods courses helped me to consider the politics of representation when researching with marginalized groups in community organizing. No level of reflexivity has prepared me to react well, however, when I find myself or the organization I am working with being criticized for our work by folks who want to experience the benefits of organizing but are not themselves volunteering. I remember

having been yelled at by a man who did not want to stay on the sidewalk during a protest about police violence against African Americans (a second phase after the globalization protest). He was upset that we had yielded to this police demand. I did not react with the cool detachment of a researcher. I was angry that he only showed up at the event, vs. at any of the previous planning, ready to criticize those who had put in the time to organize the event. To this day I wish I had yelled, “Should have been at the meeting!” I deal with this frustration again now when community members earnestly offer multiple ideas for how Apple Street Market should raise funds or ask why we are not engaging in any number of fundraising initiatives without volunteering to help with those activities. In this case, I have to smile and thank people for their ideas (and ask if they will donate their time) because losing patience would damage the effort.

I am suggesting that this form of emotional management is somewhat unique to efforts at democratic, transformative change because the development of a politics of solidarity, at least in Western contexts, runs counter to the ingrained ideology of individualism (Brecher et al., 2000). For example, there seems to be a limitless need to educate people about cooperative principles so that they understand that a cooperative is made up of its members, and that there is no “they” who can create and deliver a grocery store to the community. Moreover, as many can attest, despite the ostensibly liberatory goals of progressive organizing such as the globalization movement, encountering sexist ideologies and behaviors (as well as racism, classism, homophobia, and other forms of bigotry that other scholars may experience) remains challenging. These encounters require emotional processing and organizational work while you are trying to support the goals of the overall movement.

As a discipline, we can do more to incorporate readings in our graduate courses that address the emotional work involved in critical health communication (Dutta and de Souza, 2008). Additionally, experiential learning with transformative social organizing would better prepare future critical researchers for these everyday challenges (Artz, 2001).

Facing Material Risks and Dangers

Finally, as I indicated at the start, transformative efforts may entail material risks to researchers. I mentioned that Cincinnati police had my car towed from a protest event and then tear gassed protestors at the globalization demonstration. Colleagues and friends would commonly express concern about the safety of the “parts of town” where we held organizing meetings for those events (I would note that despite our efforts many of those areas have since been gentrified so people are not so concerned now when I am in the same areas, so we must continually interrogate what counts as “dangerous” and the way that overlaps with class, gender, and racial issues).

These risks are relatively minor examples, but critical health communication researchers should carefully weigh their own safety risks. Studying transformative efforts can be threatening to dominant interests. In his blog, Mohan Dutta discussed the fears of government intimidation following

his work to raise the voices of immigrant labor in Singapore (<http://culture-centered.blogspot.com/2018/11/why-voice-matters-take-look-at.html>). Scholars have to carefully consider how to gather data in ways that protect them from material, legal, and symbolic risks. Institutional guidance and support from our departments and universities may be necessary, although as scholars we may have to advocate for such support, particularly for faculty in more contingent positions.

CONCLUSION

As I previewed, some of these points represent ongoing challenges that I will have to continue to manage. These challenges are ones that other critical health communication scholars also may have to negotiate in each research project. These issues include letting go of preconceived ideas about how your expertise may help a given project, while balancing that flexibility with managing boundaries regarding your time and contributions. Researching transformative change involves deciding upfront how much risk you are willing to take and planning for what you can learn from a project that may not get off the ground. This research may involve significant negotiation of the balance between open and free inquiry and the vulnerabilities of the organization and the researcher.

Other issues that I have discussed have disciplinary implications. As critical health communication researchers, we can do more to create theoretical pathways for scholars who wish to make linkages among communication, health status, and the economy, as well as multiple forms of structural and social inequalities. Forums like this one are an important avenue for those conversations. Graduate education and mentorship should include more preparation for the unique challenges discussed here. Additionally, critical scholars should work in their home institutions and through organizations like NCA and ICA to promote tenure and other disciplinary standards that account for time-intensive research and acknowledge the value of engaged and participatory scholarship with marginalized groups engaged in social change efforts.

Having outlined significant challenges in critical health communication research, it is important to note that engaged research with transformative efforts is challenging but rewarding work that has the potential to make significant theoretical and practical contributions. I hope that discussion of these issues is helpful, particularly for junior scholars, as we evolve to address contemporary social needs.

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REFERENCES

- Artz, L. (2001). Critical ethnography for communication studies: dialogue and social justice in service learning. *South. Commun. J.* 66, 239–250. doi: 10.1080/10417940109373202
- Brecher, J., Costello, T., and Smith, B. (2000). *Globalization From Below: The Power of Solidarity*. Cambridge: South End Press.
- Conrad, C., and McIntush, H. G. (2003). “Organizational rhetoric and healthcare policymaking,” in *Handbook of health communication*, eds T. L. Thompson, A. M. Dorsey, K. I. Miller, and R. Parrott (Mahwah, NJ: Lawrence Erlbaum Associates), 403–422.
- Dean, A. B. (2013). *Why Unions Are Going Into the Co-op Business Yes! Magazine*. Retrieved from: www.yesmagazine.org website: http://www.yesmagazine.org/issues/how-cooperatives-are-driving-the-new-economy/union-co-ops
- Deetz, S. (2005). “Critical theory,” in *Engaging Organizational Communication theory and research: Multiple perspectives*, eds S. May and D. K. Mumby (Thousand Oaks, CA: Sage), 85–112. doi: 10.4135/9781452204536.n5
- DeSouza, R., Basu, A., Kim, I., Basnyat, I., and Dutta, M. J. (2008). “The paradox of ‘fair trade.’ The influence of neoliberal trade agreements on food security and health,” in *Emerging Perspectives in Health Communication*, eds H. M. Zoller and M. J. Dutta (New York, NY: Routledge), 411–430.
- Dillon, P., and Basu, A. (2013). “Preventing HIV/AIDS through a culture-centered health campaign: the sonagachi HIV/AIDS intervention program,” in *Reducing Health Disparities: Communication Interventions*, eds M. J. Dutta and G. Kreps (New York, NY: Peter Lang), 113–132.
- Dutta, M. J., and Basu, A. (2007). Health among men in rural Bengal: exploring meanings through a culture-centered approach. *Qual. Health Res.* 17, 38–48. doi: 10.1177/1049732306296374
- Dutta, M. J., and de Souza, R. (2008). The past, present, and future of health development campaigns: reflexivity and the critical-cultural approach. *Health Commun.* 23, 326–339. doi: 10.1080/10410230802229704
- Eisenberg, E. M., Baglia, J., and Pynes, J. E. (2006). Transforming emergency medicine through narrative: qualitative action research at a community Hospital. *Health Commun.* 19, 197–208. doi: 10.1207/s15327027hc1903_2
- Field-Springer, K. (2019). Reflexive embodied ethnography with applied sensibilities: methodological reflections on involved qualitative research. *Qual. Res.* doi: 10.1177/1468794119841835. [Epub ahead of print].
- Ford, L. A., and Yep, G. A. (2003). “Working along the margins: Developing community-based strategies for communicating about health within marginalized groups,” in *Handbook of Health Communication*, eds T. L. Thompson, A. M. Dorsey, K. I. Miller, and R. Parrott (Mahwah, NJ: Lawrence Erlbaum Associates), 241–262.
- Ganesh, S., Zoller, H. M., and Cheney, G. (2005). Transforming resistance: critical organizational communication meets globalization from below. *Commun. Monogr.* 19, 169–191. doi: 10.1080/03637750500111872
- Gillespie, S. R. (2001). The politics of breathing: asthmatic medicaid patients under managed care. *J. Appl. Commun. Res.* 29, 97–116. doi: 10.1080/00909880128105
- Gonzalez, C. G. (2000). The Four Seasons of Ethnography: a creation-centered ontology for ethnography. *Int. J. Intercult. Commun.* 24, 623–650. doi: 10.1016/S0147-1767(00)00020-1
- Harter, L. M., Hamel-Lambert, J., and Millesen, J. (2011). *Participatory Partnerships for Social Action and Research*. Dubuque, IA: Kendall Hunt.
- Horkheimer, M. (1986). *Critical Theory*. New York, NY: Continuum.
- Kennedy, B., Kawachi, I., and Prothrow-Stith, D. (1998). Income distribution, socioeconomic status, and self rated health in the United States: multilevel analysis. *Br. Med. J.* 317, 917–921. doi: 10.1136/bmj.317.7163.917
- Kirkwood, W. G., and Brown, D. (1995). Public communication about the causes of disease: the rhetoric of responsibility. *J. Commun.* 45, 55–76. doi: 10.1111/j.1460-2466.1995.tb00714.x
- Lupton, D. (1994). *Medicine as Culture: Illness, Disease and the Body in Western Societies*. London: Sage Publications.
- McKnight, J. (1988). Where can health communication be found? *J. Appl. Commun. Res.* 16, 39–43. doi: 10.1080/0090988809365270
- Minkler, M. (2012). *Community Organizing and Community Building for Health and Welfare*. New Brunswick, NJ: Rutgers University Press.
- Parker, M., Cheney, G., Fournier, V., and Land, C. (eds.). (2014). *The Routledge companion to alternative organization*. London: Routledge. doi: 10.4324/9780203725351
- Pickett, K., and Wilkinson, R. (2015). Income inequality and health: a causal review. *Soc. Sci. Med.* 128, 316–326. doi: 10.1016/j.socscimed.2014.12.031
- Pickett, K. E., and Wilkinson, R. G. (2009). Greater equality and better health. *BMJ* 339:b4320. doi: 10.1136/bmj.b4320
- Sastry, S., and Dutta, M. J. (2011). Postcolonial constructions of HIV/AIDS: meaning, culture, and structure. *Health Commun.* 26, 437–449. doi: 10.1080/10410236.2011.554166
- Sharf, B. F. (2005). “How I fired my surgeon and embraced an alternative narrative,” in *Narratives, Health, and Healing: Communication Theory, Research, and Practice*, eds L. M. Harter, P. M. Japp, and C. S. Beck (Mahwah, NJ: Lawrence Erlbaum Associates), 325–342.
- Therborn, G. (1980). *The Ideology of Power and the Power of Ideology*. London: Verso.
- Thompson, T. L., Parrott, R., and Nussbaum, J. F. (eds.). (2011). *The Routledge Handbook of Health Communication, 2nd Edn*. Mahwah, NJ: Lawrence Erlbaum Associates. doi: 10.4324/9780203846063
- Van Maanen, J. (1988). *Tales of the Field: On Writing Ethnography*. Chicago, IL: University of Chicago Press.
- Waitzkin, H. (1983). *The Second Sickness*. New York, NY: The Free Press.
- Zoller, H. M. (2004). Dialogue as global issue management: legitimizing corporate influence in the transatlantic business dialogue. *Manag. Commun. Q.* 18, 204–240. doi: 10.1177/0893318904265126
- Zoller, H. M. (2005). Health activism: communication theory and action for social change. *Commun. Theory* 15, 341–364. doi: 10.1111/j.1468-2885.2005.tb00339.x
- Zoller, H. M. (2012). Communicating health: political risk narratives in an environmental health campaign. *J. Appl. Commun. Res.* 40, 20–43. doi: 10.1080/00909882.2011.634816
- Zoller, H. M. (2016). Health activism targeting corporations: a critical health communication perspective. *Health Commun.* 32, 219–229. doi: 10.1080/10410236.2015.1118735

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