American Journal of Advanced Multidisciplinary Innovation and Research (AJAMIR)

E-ISSN: XXXX-XXXX ● Website: www.ajamir.com ● Email: editor@ajamir.com

Responsible Influencer Communication in Health and Wellness Campaigns

Dr. Sofia Martinez

Assistant Professor, Complutense University of Madrid, Spain

Abstract

Social media influencers occupy an increasingly important position between institutional health information, commercial wellness promotion, and everyday audience decision-making. Their conversational style, perceived accessibility, personal narratives, and established relationships with followers can make health messages more engaging than conventional institutional communication. The same characteristics, however, can create ethical and public-health concerns when promotional relationships are unclear, evidence is selectively represented, personal experience is generalized as medical advice, or benefits are emphasized without appropriate limitations and safety information. Contemporary research shows that social media influencers can generate both positive and harmful health outcomes, while recent reviews have identified recurring concerns involving misinformation, weak disclosure practices, limited subject-matter expertise, and blurred boundaries between testimony and paid promotion.

This study develops a responsible influencer communication framework for health and wellness campaigns and demonstrates its evaluation through a simulation-based comparative design. Four hypothetical message conditions were modeled: promotional communication without enhanced safeguards, sponsorship disclosure alone, disclosure combined with evidence attribution, and a full responsible communication protocol integrating disclosure, evidence provenance, limitations, safety context, verification cues, and referral to appropriate professional or authoritative sources. A synthetic analytical dataset of 480 observations was generated, with 120 observations assigned to each communication condition. The simulated outcomes included health-information comprehension, recognition of commercial transparency, intention to verify health claims, and intention to adopt an appropriately informed health action.

The simulated analysis produced a progressive improvement across the four communication conditions. The composite responsible communication performance score increased from 51.9 for conventional promotional messaging to 67.1 for disclosure-only communication, 79.6 when disclosure was combined with evidence attribution, and 85.2 under the full responsible communication protocol. These figures are illustrative methodological outputs rather than findings from real participants. The study argues that responsibility in influencer-led health communication should not be reduced to the presence of an advertising label. Effective practice requires clear commercial disclosure, evidence traceability, proportional representation of benefits and limitations, avoidance of individualized diagnosis, accessibility, correction mechanisms, and visible pathways to reliable health information. The

proposed framework provides researchers, public-health institutions, campaign managers, and creators with a structured basis for designing and evaluating ethically responsible health and wellness campaigns.

Keywords: health influencers, wellness communication, influencer marketing, social media health communication, health misinformation, sponsorship disclosure, health literacy, source credibility, digital health communication

1. Introduction

Social media has altered the structure of health communication by enabling individuals outside conventional institutional settings to participate directly in the interpretation and circulation of health information. Influencers, content creators, fitness personalities, wellness educators, healthcare professionals, patient advocates, and lifestyle creators can reach audiences through short videos, livestreams, podcasts, stories, and conversational posts that blend information with personal experience. This communication environment creates opportunities to translate technical health information into accessible language, but it also blurs distinctions among education, entertainment, testimony, persuasion, and commercial promotion. The World Health Organization has responded to this environment through initiatives such as Fides, a network intended to support healthcare professionals and creators in distributing science-based health content and countering misinformation.

Influencers may be particularly persuasive because audiences often encounter their recommendations within an ongoing relational context rather than as isolated advertisements. Recommendations may be embedded in personal routines, transformation narratives, product demonstrations, testimonials, or accounts of lived experience. Such communication can make health campaigns feel relevant and socially meaningful, but personal credibility does not necessarily establish scientific validity. Powell and Pring's systematic review found that influencer exposure may produce both beneficial and adverse health outcomes, while Engel and colleagues' review of adolescent health research identified commercial interests, limited expertise, and potential health harms as recurring concerns in the influencer environment.

The problem becomes more significant when wellness communication crosses into claims about prevention, treatment, medication, supplements, weight management, reproductive health, mental well-being, or other areas in which incomplete information can influence consequential decisions. A 2026 systematic scoping review of prescription-drug promotion by social media influencers identified three recurring concerns: inaccurate or misleading information, inconsistent transparency and disclosure, and persuasive personal or parasocial narratives that can obscure the distinction between testimony and advertising. The U.S. Food and Drug Administration has also emphasized that social-media environments can make it difficult for audiences to distinguish promotional material from evidence-based health information, particularly when risk information or financial relationships are not adequately communicated.

Regulatory transparency represents one component of responsible communication. The U.S. Federal Trade Commission's revised Endorsement Guides emphasize that endorsements should be truthful and that material relationships between endorsers and marketers should be disclosed clearly and conspicuously when those relationships could influence how an audience evaluates the recommendation.

The FTC's 2018 revisions specifically addressed influencers, platform disclosure mechanisms, virtual endorsers, and clearer standards for disclosures. Yet disclosure alone cannot establish the scientific accuracy, clinical relevance, balance, or appropriateness of a health claim.

2. Objectives of the Study

2.1 To Identify the Core Characteristics of Responsible Influencer Health Communication

The first objective is to define the communication practices that distinguish responsible health and wellness influencing from ordinary promotional persuasion. The study focuses on commercial disclosure, evidence quality, transparent limitations, source attribution, professional boundaries, and correction practices.

2.2 To Examine the Potential Communication Effects of Increasing Transparency

The second objective is to compare hypothetical influencer-message conditions that progressively incorporate disclosure, evidence attribution, verification cues, and safety-oriented communication. The purpose is to examine how these elements could influence comprehension, transparency recognition, verification intention, and responsible action.

2.3 To Develop an Evaluation Framework for Future Health Campaigns

The third objective is to provide a reproducible framework that public-health agencies, researchers, campaign managers, and social-media creators can adapt when evaluating influencer-led health and wellness campaigns before large-scale dissemination.

3. Review of Literature

3.1 Influencer Credibility and Health Communication

Source credibility has become a central issue in influencer-based health communication because audiences frequently evaluate messages through perceptions of expertise, trustworthiness, relatability, authenticity, and attractiveness. Research on fitness influencers indicates that perceived expertise and trustworthiness can influence attitudes and behavioral intentions associated with physical activity. At the broader population level, reviews suggest that influencers can sometimes support positive health communication, although the evidence base remains heterogeneous and methodological quality varies substantially across topics.

Kaňková, Binder, and Matthes mapped 116 empirical studies concerning health-related influencer communication and concluded that influencer activity spans numerous health topics, platforms, communication strategies, and audience outcomes. Their review also emphasized the importance of misinformation as a future research priority. Similarly, Simba and Girma argue that influencers may complement institutional health communication when creators are appropriately selected and supported with credible health information, particularly where conventional campaigns struggle to achieve audience engagement.

Credibility nevertheless becomes problematic when audiences interpret personal experience as equivalent to professional expertise. A creator may truthfully describe an individual experience while unintentionally encouraging followers to assume that the same outcome will occur across diverse

medical circumstances. Responsible communication therefore requires a distinction between authenticity and generalizability. Personal testimony can contribute emotional relevance, but it should not be used to imply universal treatment effects, diagnostic certainty, or guaranteed outcomes.

3.2 Commercial Disclosure, Persuasion, and Audience Recognition

Sponsored health communication introduces additional ethical complexity because the audience must evaluate both informational value and commercial motivation. The FTC states that endorsements must represent honest opinions and that material connections that audiences may not reasonably expect should be clearly disclosed. Its current guidance further recognizes that built-in platform disclosure tools are not automatically sufficient in every context and that the clarity and prominence of the disclosure matter.

Empirical work supports the importance of disclosure literacy. Van Reijmersdal and van Dam found that sponsorship disclosures can influence adolescents' recognition and understanding of persuasive intent in influencer videos. More recent evidence concerning food and beverage promotion indicates that disclosure remains inconsistent in actual influencer content. Dupuis and colleagues' 2021 analysis of TikTok brand partnerships documented varied disclosure practices, demonstrating that the existence of sponsorship rules does not guarantee standardized audience recognition.

Commercial transparency is particularly relevant in health campaigns because products or services may be framed as lifestyle solutions rather than formal medical interventions. Wellness promotion may therefore occupy an ambiguous space in which claims appear conversational or experiential while still influencing health-related behavior. Responsible campaigns should make the financial or material relationship understandable before or at the point at which the endorsement is processed, rather than placing disclosure in obscure text, distant captions, or ambiguous hashtags.

3.3 Misinformation, Wellness Claims, and Public-Health Responsibility

WHO defines an infodemic as an overabundance of information that includes false or misleading material and notes that such environments can contribute to confusion, risky behavior, distrust, and weakened public-health responses. Its infodemic-management framework emphasizes listening to community concerns, improving understanding of expert advice, building resilience to misinformation, and enabling positive action.

Health-related misinformation is not limited to demonstrably false claims. Overgeneralization, selective presentation, omission of limitations, unsupported certainty, and decontextualized statistics can also distort audience understanding. A 2020 experimental study reported that both misinformation and overgeneralized health messaging could produce harmful communication outcomes, reinforcing the need to evaluate not only whether a statement is technically true but whether its presentation creates an unjustifiably broad inference.

4. Research Methodology

4.1 Research Design

The study uses a simulation-based comparative communication design. No real influencers, followers, patients, or campaign participants were recruited. The design was developed to demonstrate how responsible communication practices could be evaluated empirically in a later controlled study.

A hypothetical digital health and wellness campaign was represented through four message conditions. The central health information and underlying recommendation were assumed to remain constant. Only the communication safeguards changed across conditions.

A synthetic sample of 480 observations was generated, with 120 simulated observations assigned to each condition. The simulated values were created using a fixed random seed to permit reproducible methodological demonstration. Scores were bounded between 0 and 100.

Table 1: Simulated Influencer Communication Conditions

Condition	Simulated n	Communication Characteristics	Primary Purpose
Promotional message	120	Personal recommendation, persuasive wellness framing, no enhanced evidence or transparency architecture	Baseline promotional condition
Disclosure only	120	Promotional message plus visible sponsorship/material-connection disclosure	Improve recognition of commercial influence
Disclosure + evidence	120	Disclosure plus named evidence source, evidence-linked explanation, and verification cue	Improve transparency and information credibility
Full responsible protocol	120	Disclosure, evidence source, limitations, uncertainty, safety context, claim boundaries, verification route, and professional referral where appropriate	Model responsible health communication

Source: Authors' simulation framework. No rows represent real campaign participants.

4.2 Measurement Framework

Four outcome domains were selected.

Health-information comprehension represents the extent to which an audience member correctly understands the main recommendation, intended population, and limits of the message.Transparency recognition measures whether the audience correctly identifies commercial or material relationships and distinguishes sponsored communication from independent health information.Verification intention represents the likelihood that an individual would consult an authoritative source, professional resource, or evidence link before relying on a consequential claim.

Responsible-action intention represents intention to follow an appropriately framed health recommendation without interpreting the influencer message as individualized medical diagnosis or treatment.A composite Responsible Communication Performance Score was calculated as the arithmetic mean of the four outcomes.

4.3 Analytical and Ethical Procedures

The analytical strategy is deliberately descriptive. Means and standard deviations are used to demonstrate how alternative communication conditions could be compared. Inferential significance testing is not presented as evidence because the underlying observations are synthetic. Reporting highly significant p-values from intentionally generated simulation data could create an inappropriate impression of population-level empirical validation.

A future real-world study should preregister hypotheses, message stimuli, primary outcomes, exclusion criteria, statistical models, and subgroup analyses. Participants should be sampled across relevant differences in age, health literacy, digital literacy, platform familiarity, and socioeconomic background. Campaigns involving sensitive medical topics should also be reviewed for appropriate ethical and regulatory safeguards.

The study follows publication-ethics principles by explicitly separating illustrative simulation from observed evidence. No ethics approval, informed consent, recruitment, or human-subject data collection is claimed because none occurred.

5. Analysis

5.1 Simulated Communication Outcomes

The simulated results reveal a progressive improvement as additional responsibility mechanisms are introduced. Mean comprehension increased from 59.9 in the promotional-message condition to 69.0 with disclosure only, 80.9 with disclosure plus evidence, and 85.1 under the full responsible protocol.

The most pronounced change occurred in transparency recognition. The promotional condition produced a mean score of 40.3, whereas disclosure alone increased the score to 70.2. Adding evidence attribution raised the mean to 85.3, and the full protocol produced a simulated score of 91.0.

Verification intention followed a similar pattern, increasing from 51.2 to 60.1, 73.8, and 79.4 respectively. Responsible-action intention increased from 56.2 under ordinary promotional communication to 85.5 under the full protocol.

Table 2: Simulated Outcomes Across Influencer Communication Conditions

Communication Condition	Comprehension Mean ± SD	Transparency Recognition Mean ± SD	Verification Intention Mean ± SD	Responsible-Action Intention Mean ± SD
Promotional message	59.9 ± 8.4	40.3 ± 9.2	51.2 ± 8.4	56.2 ± 9.1
Disclosure only	69.0 ± 9.4	70.2 ± 9.8	60.1 ± 7.3	69.0 ± 8.9
Disclosure + evidence	80.9 ± 8.3	85.3 ± 7.8	73.8 ± 9.0	78.4 ± 7.5
Full responsible protocol	85.1 ± 9.0	91.0 ± 8.3	79.4 ± 8.7	85.5 ± 8.2

American Journal of Advanced Multidisciplinary Innovation and Research (AJAMIR)

E-ISSN: XXXX-XXXX ● Website: www.ajamir.com ● Email: editor@ajamir.com

Note: Values are generated synthetic observations used only for methodological demonstration.

5.2 Composite Responsible Communication Performance

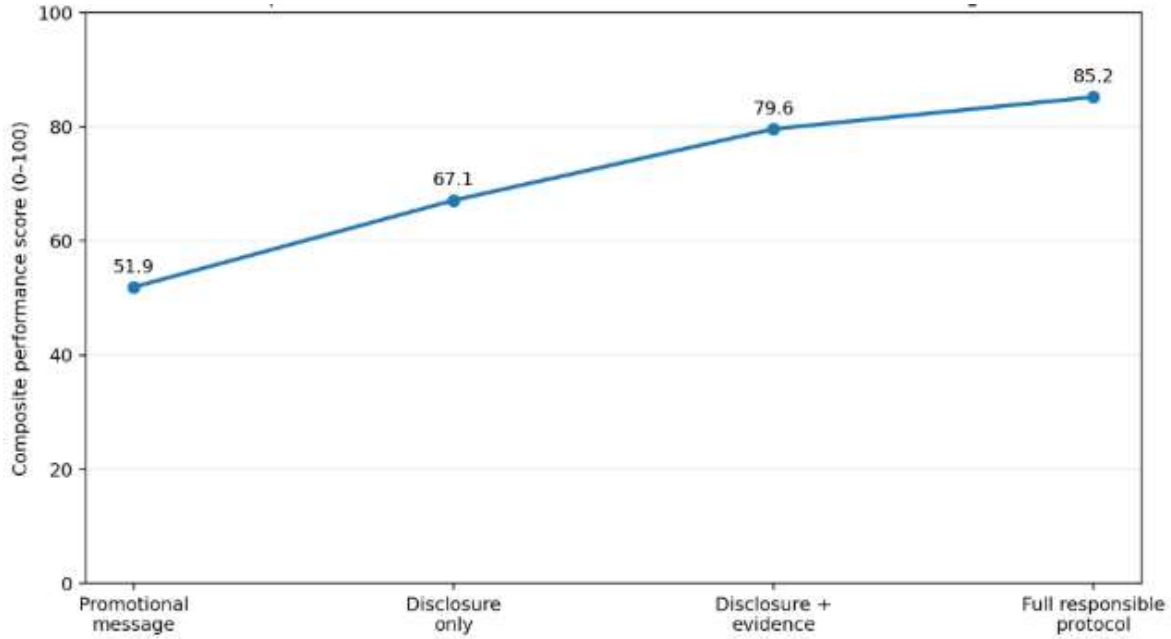
The composite score summarizes the four simulated outcomes. Conventional promotional communication produced an average composite value of 51.9. Sponsorship disclosure increased the score to 67.1, representing a substantial improvement in audience recognition of the communication context.

Adding evidence provenance and verification cues increased the composite value to 79.6. The complete protocol achieved 85.2, the highest simulated performance.

The pattern suggests an important conceptual distinction. Disclosure creates commercial transparency, but responsible health communication requires additional informational safeguards. A message can clearly disclose sponsorship while still exaggerating benefits, omit uncertainty, misrepresent scientific evidence, or encourage inappropriate self-diagnosis.

5.3 Graphical Comparison

Graph 1: Simulated Responsible Communication Performance Across Influencer Message Conditions



Interpretation: The line graph shows the modeled progression from promotional communication toward a comprehensive responsibility architecture. The increase from 51.9 to 67.1 indicates the importance assigned to sponsorship transparency in the simulation. A further increase to 79.6 occurs when evidence attribution and verification are introduced. The final increase to 85.2 reflects the additional contribution of limitations, safety context, professional boundaries, and referral pathways.

The graph should not be interpreted as evidence that real audiences will demonstrate these precise numerical improvements. Its function is to illustrate a testable analytical expectation for subsequent empirical research.

6. Discussion

6.1 Responsible Communication Extends Beyond Advertising Disclosure

The results of the methodological simulation reinforce the conceptual argument that disclosure is necessary but insufficient. FTC guidance establishes that material connections should be communicated clearly and conspicuously when they could affect audience evaluation, and empirical research shows that disclosures can improve recognition of persuasive intent.

However, a visible statement such as “paid partnership” does not establish that a health claim is accurate, balanced, evidence-based, or appropriate for every viewer. Responsible communication should therefore distinguish at least three questions: who benefits commercially from the message, what evidence supports the claim, and how far the claim can reasonably be generalized.

Health and wellness campaigns should also avoid presenting extraordinary individual experiences as typical outcomes. When a testimonial concerns weight change, symptom improvement, treatment response, fertility, mental health, recovery, or other consequential outcomes, campaign language should distinguish lived experience from general scientific evidence.

6.2 Evidence, Limitations, and Professional Boundaries

Evidence attribution represents one of the strongest conceptual safeguards in the proposed framework. Instead of using vague language such as “science proves” or “experts say,” responsible creators should identify the institution, guideline, systematic review, study, or other appropriate source supporting the statement. This creates a verification pathway and makes it easier for audiences to distinguish evidence from creator interpretation.

The FDA has emphasized the importance of factual, accurate, science-based information when responding to online misinformation concerning medical products. Its social-media guidance also reflects a long-standing principle that benefit information about regulated medical products should not be separated from relevant risk information simply because digital platforms impose space constraints.

Responsible influencers should similarly acknowledge uncertainty. When evidence is preliminary, observational, population-specific, or contested, the message should not imply settled causal certainty. Where a health communication involves diagnosis, prescription treatment, serious symptoms, interactions, contraindications, or individualized risk, the creator should direct the audience toward appropriately qualified professional care rather than substituting influencer authority for clinical assessment.

WHO's Fides initiative provides a useful institutional example of this principle because it seeks to connect creator engagement with science-based health information rather than treating digital reach as a substitute for expertise.

6.3 Campaign Governance, Corrections, and Audience Protection

Responsibility should also operate at campaign level rather than being placed entirely on individual influencers. Public-health agencies, healthcare organizations, wellness brands, advertising agencies, and campaign managers should establish evidence review procedures before content is published.

Campaign briefs should distinguish mandatory factual statements from optional creative interpretation. Claims should be reviewed for evidence quality, wording, intended population, potential misinterpretation, and consistency with applicable advertising and health regulations.

Monitoring after publication is equally important. Health information may become outdated, a source may be revised, an adverse interpretation may emerge in comments, or an influencer may deviate from an approved campaign brief. Responsible governance therefore requires correction protocols that are visible enough to reach audiences exposed to the original communication.

WHO's work on infodemic management emphasizes continuous attention to community concerns, misinformation, and information needs rather than treating communication as a one-way publication event. This model is particularly relevant to influencer campaigns because audience responses, remixes, comments, and reposts can alter the meaning and reach of an original health message.

The study also highlights the need for special attention to adolescents and other potentially vulnerable audiences. Research on adolescents, child influencers, food marketing, and sponsored influencer videos demonstrates that commercial and persuasive literacy cannot be assumed to be uniform across viewers.

7. Conclusion

Responsible influencer communication has become an important component of contemporary health and wellness campaigns because digital creators can reach audiences with a level of familiarity, cultural relevance, and conversational immediacy that traditional institutional communication may not always achieve. Their influence, however, introduces corresponding responsibilities.

The central argument of this study is that responsible health influencing requires more than authenticity, popularity, or sponsorship disclosure. It requires a structured communication architecture in which commercial relationships are visible, scientific evidence is traceable, claims remain proportional to the evidence, limitations and uncertainty are acknowledged, and audiences are directed toward suitable professional or authoritative resources when individual health decisions exceed the scope of general communication.

The simulation-based analysis illustrates one possible method for evaluating these principles. The full responsible protocol generated the highest modeled scores for comprehension, transparency recognition, verification intention, responsible action, and overall communication performance. These values are illustrative rather than empirical and should be validated through real participant studies.

Future research should compare responsible influencer protocols across different health topics, audience groups, countries, languages, and social-media platforms. Particular attention should be given to adolescents, people with limited health literacy, commercially sensitive wellness products, prescription-product promotion, and rapidly evolving health claims.

For public-health institutions and ethical campaign managers, the objective should not be to remove the personal voice that makes influencer communication effective. The stronger approach is to preserve relatability while embedding that communication within transparent evidence, professional boundaries, disclosure, accountability, and correction systems.

Influencer communication becomes most valuable to public health when trust is supported not merely by personality, but by verifiable evidence, visible transparency, proportionate claims, and responsibility for the consequences of communication.

References

1. Freberg, K., Graham, K., McGaughey, K., & Freberg, L. A. (2011). Who are the social media influencers? A study of public perceptions of personality. *Public Relations Review, 37*(1), 90–92. https://doi.org/10.1016/j.pubrev.2010.11.001
2. Lou, C., & Yuan, S. (2019). Influencer marketing: How message value and credibility affect consumer trust of branded content on social media. *Journal of Interactive Advertising, 19*(1), 58–73. https://doi.org/10.1080/15252019.2018.1533501
3. De Veirman, M., Cauberghe, V., & Hudders, L. (2017). Marketing through Instagram influencers: The impact of number of followers and product divergence on brand attitude. *International Journal of Advertising, 36*(5), 798–828. https://doi.org/10.1080/02650487.2017.1348035
4. Evans, N. J., Phua, J., Lim, J., & Jun, H. (2017). Disclosing Instagram influencer advertising: The effects of disclosure language on advertising recognition and evaluative judgments. *Journal of Interactive Advertising, 17*(2), 138–149. https://doi.org/10.1080/15252019.2017.1366885
5. Boerman, S. C., Willemsen, L. M., & Van Der Aa, E. P. (2017). "This post is sponsored": Effects of sponsorship disclosure on persuasion knowledge and electronic word of mouth in the context of Facebook. *Journal of Interactive Marketing, 38*, 82–92. https://doi.org/10.1016/j.intmar.2016.12.002
6. Abidin, C. (2016). Visibility labour: Engaging with influencers' fashion brands and #OOTD advertorial campaigns on Instagram. *Media International Australia, 161*(1), 86–100. https://doi.org/10.1177/1329878X16665177
7. Djafarova, E., & Rushworth, C. (2017). Exploring the credibility of online celebrities' Instagram profiles in influencing the purchase decisions of young female users. *Computers in Human Behavior, 68*, 1–7. https://doi.org/10.1016/j.chb.2016.11.009
8. Ohanian, R. (1990). Construction and validation of a scale to measure celebrity endorsers' perceived expertise, trustworthiness, and attractiveness. *Journal of Advertising, 19*(3), 39–52. https://doi.org/10.1080/00913367.1990.10673191
9. McCracken, G. (1989). Who is the celebrity endorser? Cultural foundations of the endorsement process. *Journal of Consumer Research, 16*(3), 310–321. https://doi.org/10.1086/209217
10. Petty, R. E., & Cacioppo, J. T. (1986). *Communication and Persuasion: Central and Peripheral Routes to Attitude Change*. Springer.
11. Freimuth, V. S., & Quinn, S. C. (2004). The contributions of health communication to eliminating health disparities. *American Journal of Public Health, 94*(12), 2053–2055. https://doi.org/10.2105/AJPH.94.12.2053

12. Kreps, G. L., & Sparks, L. (2008). Meeting the health literacy needs of immigrant populations. *Patient Education and Counseling, 71*(3), 328–332. https://doi.org/10.1016/j.pec.2008.03.001
13. Chou, W. S., Hunt, Y. M., Beckjord, E. B., Moser, R. P., & Hesse, B. W. (2009). Social media use in the United States: Implications for health communication. *Journal of Medical Internet Research, 11*(4), e48. https://doi.org/10.2196/jmir.1249
14. Moorhead, S. A., Hazlett, D. E., Harrison, L., Carroll, J. K., Irwin, A., & Hoving, C. (2013). A new dimension of health care: Systematic review of the uses, benefits, and limitations of social media for health communication. *Journal of Medical Internet Research, 15*(4), e85. https://doi.org/10.2196/jmir.1933
15. Stellefson, M., Chaney, B., Barry, A. E., Chavarria, E. A., Tennant, B., Walsh-Childers, K., Sriram, P. S., & Zagora, J. (2013). Web 2.0 chronic disease self-management for older adults: A systematic review. *Journal of Medical Internet Research, 15*(2), e35. https://doi.org/10.2196/jmir.2439
16. Norman, C. D., & Skinner, H. A. (2006). eHealth literacy: Essential skills for consumer health in a networked world. *Journal of Medical Internet Research, 8*(2), e9. https://doi.org/10.2196/jmir.8.2.e9
17. Hesse, B. W., Nelson, D. E., Kreps, G. L., Croyle, R. T., Arora, N. K., Rimer, B. K., & Viswanath, K. (2005). Trust and sources of health information: The impact of the Internet and its implications for health care. *Health Education & Behavior, 32*(2), 249–266. https://doi.org/10.1177/1090198104273330
18. Sokolova, K., & Kefi, H. (2020). Instagram and YouTube bloggers promote it, why should I buy? How credibility and parasocial interaction influence purchase intentions. *Journal of Retailing and Consumer Services, 53*, 101742. https://doi.org/10.1016/j.jretconser.2019.01.011
19. Ki, C. W. C., Cuevas, L. M., Chong, S. M., & Lim, H. (2020). Influencer marketing: Social media influencers as human brands attaching to followers and yielding positive marketing results by fulfilling needs. *Journal of Retailing and Consumer Services, 55*, 102133. https://doi.org/10.1016/j.jretconser.2020.102133
20. Jin, S. V., Muqaddam, A., & Ryu, E. (2019). Instafamous and social media influencer marketing. *Marketing Intelligence & Planning, 37*(5), 567–579. https://doi.org/10.1108/MIP-09-2018-0375