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Knowledge gap and cable music television: a survey of MTV, BET, and H1 target audience members

Katharine Claire Gavin

Louisiana State University and Agricultural and Mechanical College, kgavin1@tigers.lsu.edu

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KNOWLEDGE GAP AND CABLE MUSIC TELEVISION:
A SURVEY OF MTV, BET, AND VH1 TARGET AUDIENCE MEMBERS

A Thesis

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
In partial fulfillment of the
Requirements for the degree of
Master of Mass Communication

In

The Manship School of Mass Communication

By
Katharine Claire Gavin
B.A. Louisiana State University, 2008
December, 2010

DEDICATION

I dedicate this thesis to my father, Lt. Colonel Christopher E. Gavin. Thank you for your unconditional love and support throughout the years and during the course of this thesis.

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First and foremost, I offer my sincerest gratitude to my supervisor, Dr. Nicole Dahmen. Her insight, sound advice, and patient encouragement were deeply appreciated. I would also like to thank Dr. Lance Porter and Dr. Judith Sylvester for their steadfast support and careful guidance.

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ABSTRACT

American youth and adolescents have the highest rate of teenage pregnancy and sexually transmitted infections in the industrialized world. Entertainment media, the preferred genre of today's adolescents, depicts sex, drugs, and alcohol use at a greater rate than any other genre of programming. What are health communication strategists doing to counter the widespread, inaccurate portrayals often depicted in this type of programming? With previous knowledge gap and health communication research failing to examine youth oriented and racial targeted entertainment programming, this study utilizes a survey to analyze BET, MTV, and VH1 audiences' health knowledge, recall, and attitude toward PSAs to identify lapses in health communication strategy.

This study distributed an Internet survey to a large southern university undergraduate population to capture the perceptions of BET, MTV, and VH1 target audiences. Respondents with low viewing habits of MTV and VH1 exhibited greater knowledge of HIV and alcohol. No difference in knowledge was found among high and low viewers of BET. Respondents reported their perceptions of the effectiveness of three PSAs. The most effective PSA utilized the fear and loss appeal. This PSA also portrayed real life consequences not often portrayed in entertainment programming. Finally, the PSA that utilized the informational appeal was more effective in promoting the advocated behavior among female respondents. Contrasting previous social identity theory research, the inclusion of same-ethnicity models within the PSAs was not indicative of perceived effectiveness of the message. Interestingly, ethnic-related impressions did influence respondents' perception of the PSAs personal relevance. The survey provided support for third-person effects with respondents overestimating others viewing habits.

The results of the study indicate a greater need of informational HIV and alcohol PSAs on VH1 and MTV. The gaps in knowledge exhibited by the respondent group reveal the lapses

in health communication broadcasted on the selected cable-music channels. In addition, the results illustrate the ideal frames and themes deemed effective by youth audiences. The ideal youth and adolescent targeted PSA would include same-ethnicity models, a strong informational argument, a strong emotional appeal, portrayal of real life risks, and inclusion of a loss-frame appeal associated with the risky behavior.

CHAPTER 1

INTRODUCTION

Health behaviors and practices, such as alcohol consumption, tobacco and drug use, are established during childhood and adolescence, extending into adulthood (Center for Disease Control, 2008). Children adopt and imitate behaviors viewed on television, especially those that are rewarded or depicted without negative consequences (Brown & Walsh-Childress, 2002). Critics blame the mass media for promoting “early and precocious sexual activity” (Hust, Brown, & L'Engle, 2008, p. 4). With American youth consuming three to four hours daily of television, the influence of media on today’s children is undeniable (Pinkleton, Austin, Cohen, Chen, & Fitzgerald, 2008; Gerbner, 1998).

Entertainment media, the genre preferred by adolescents (Keys, Morant, & Stroman, 2009), such as Music Entertainment Television (MTV), Black Entertainment Television (BET), and Video Hits One (VH1) portray alcohol consumption, tobacco and drug use more often than other genre of programming (Brown & Walsh-Childress, 2002). In addition, sex is depicted as a nonchalant, leisure activity and is often misleading, inaccurate, and fails to portray real life consequences (Hust, Brown, & L'Engle, 2008). Finally, adolescents cite the media as their primary source for sex information, creating concerns among scholars, politicians, and parents alike (Sprecher, Harris, & Meyers, 2008; Bragg, 2006).

Statement of Purpose

This study examined public service announcements (PSAs) relating to risky health behaviors, specifically messages related to sexual health, tobacco, and alcohol present during commercial airtime on BET, MTV, and VH1. The analytical survey was utilized to determine if a relationship existed between cable-music channel viewing habits and health knowledge. The survey instrument measured respondents’ health knowledge and attitude toward three 30-second

PSAs. In addition, the instrument measured third-person effects and social identity theory in order to determine the most effective approach for health communication practitioners.

Justification of why research is important

With the introduction of HIV/AIDS, the sexual environment of the 20th and 21st centuries has been permanently altered (Brown & Walsh-Childress, 2002). The severity of the illness and disproportionate rate at which it affects different communities shifted sexuality and promiscuity from “a private family matter to being considered a public health issue” (Sprecher, Harris, & Meyers, 2008, p. 17). Government entities and non-profits work toward eliminating the disease by discouraging negative health practices and those activities that contribute to an increase in risky health behaviors.

Alarming, the leading cause of illness among youth and adolescents is directly related to risky health behaviors. The Center for Disease Control (2008) notes the interplay between unintended pregnancy, sexually transmitted diseases, such as HIV/AIDS, and tobacco, alcohol, and drug use. With 79.0% of adolescents using tobacco, alcohol, or drugs by graduation, and American youth having the highest rate of teenage pregnancy and STIs in the industrialized world, the promotion of positive health practices and deterrence of risky behavior is a necessity in today’s media saturated environment (Brown & Walsh-Childress, 2002; Kaiser, 2008; Hust, Brown, & L’Engle, 2008; Pinkleton, Austin, Cohen, Chen, & Fitzgerald, 2008). Entertainment media, preferred by adolescents and youth (Keys, Morant, & Stroman, 2009), depicts risky health behaviors at a higher rate than any other genre, resulting in desensitization of the audience in regard to negative health behaviors (Brown & Walsh-Childress, 2002). According to Brown, “Underage drinking is now normative, with a majority of high school seniors saying they

currently drink alcohol, and one fourth report binge drinking (five or more drinks consumed on one occasion)” (Brown & Walsh-Childress, 2002, p. 462).

With media saturation so prevalent within society, their role as a sex educator becomes vital in the sexual socialization of today’s youth and future generations. Ambiguity and inaccuracy, however, characterize media portrayals of sexuality (Hust, Brown, & L’Engle, 2008). The highly sexualized nature of today’s media, in conjunction with the lack of responsible sexual behavior portrayed by the media, has an inadvertent influence on youths’ expectations of sexuality (Brown, Halpern, & L’Engle, 2005). Importantly, 9.1 million American youth were infected with a sexually transmitted infection in 2000, with the Human Papilloma Virus (HPV) accounting for over half of the new infections (Kaiser, 2008). Furthermore, one in four female adolescents, age 14 to 19, are infected with HPV, Chlamydia, HSV-2 or trichomoniasis before graduating from high school (Kaiser, 2008). The Health Resources and Services Administration’s Maternal and Child Health Bureau (2008) found that a little fewer than 50 % of all high school students were already having sexual intercourse.

Furthermore, the rate at which specific demographics give birth, contract STIs, and use alcohol, drugs, or tobacco differs greatly among different ethnicities. When exploring the sexual activity rates among different ethnic groups, there was a significant difference in sexual activity between African-American and Caucasian students (Center for Disease Control, 2008). According to the Center for Disease Control and Prevention (2008), 46.0 % of African-American students are currently sexually active compared to 32.9 % of Caucasian students. Furthermore, 16.3 % of African-Americans had sexual intercourse before the age of 13 compared to 4.4 % of Caucasians. By age 20, 32.0 % of Latinas, 24.0 % of African-American women and 21.0 % of

Native Americans have given birth, compared to 11% of White and 7 % of Asian-American women (Kaiser, 2008).

Even more disturbing is the disproportionate rate at which African-American youth are becoming infected with HIV/AIDS. The CDC reports (2003) that 63.0% of children, under the age of 13, who are infected with HIV and AIDS, are African-American (Center for Disease Control, 2008). Adolescents may not be able to comprehend potential health risks, leading to irresponsible behavior resulting in long-term negative effects. The increasing rate of pregnancies, STIs, and lack of contraceptive use poses a serious public health concern and raises questions about the media's social responsibility.

With such prevalence of negative health practices, what is being done to counter the negative affects proliferated by youth targeted media? Government subsidies produce public service announcements in an effort to encourage positive behaviors and deter risky behaviors that may lead to unintended pregnancies, STIs, and possibly death. How effective are these messages? Research reveals various approaches, some more effective than others, utilized by health campaigns to achieve behavior change. In addition to government, companies and organizations have joined the battle in deterring risky health behaviors through the implementation of safe sex or distracted driving campaigns. Many companies, such as Trojan, promote their product in order to prevent unintended pregnancies, the spread of HIV/AIDS, as well as other STIs.

In conjunction with social identity theory (SIT), which posits that individuals identify with actors who are similar in terms of age, race, and culture (Tajfel & Turner, 1985), much research has focused on the role of information source, frame appeals, and message type in increasing and decreasing audience engagement and acquisition of knowledge (Keys, Morant, &

Stroman, Black youth's personal involvement in the HIV/AIDS issue: Does the public service announcement still work?, 2009; Keys, Morant, & Stroman, Black youth's personal involvement in the HIV/AIDS issue: Does the public service announcement still work?, 2009; Godbold Kean & Prividera, 2007; Jerit, 2009; Lee, 2009; Wong & Cappella, 2009).

This study utilized health communication messages broadcasted on the selected cable-music television channels in order to examine message content, determine if the health messages cater to target audiences, and to facilitate in survey evaluation of third-person effect.

This study sought to identify the different attitudes, beliefs, and behavioral practices exhibited by the different demographic groups of various media outlets through an analytical computer-assisted survey. In addition, this paper established support for numerous theoretical frameworks in relation to adolescent health knowledge, social identification, adoption of beliefs, and attitude formation. Discussed are knowledge-gap theory, social identity theory, and third-person effects. The analytical survey measured attitude formation toward dissimilar groups, as well as those of the same social group. Analysis identified relationships between knowledge, attitudes, and channel preference.

Previous knowledge gap research fails to analyze health communication efforts on youth-oriented and racially targeted television programming, such as the cable-music channels BET, MTV, and VH1. In addition, the entertainment genre leads as the most preferred type of programming among adolescents' audiences (Brown & Walsh-Childress, 2002). This study aims to fill the gap in research by focusing on entertainment programming that specifically targets youth and minority audiences. The survey instrument brings light to the effectiveness of health communication messages aired to youth audiences on the cable-music television channels.

CHAPTER 2

LITERATURE REVIEW

This primary theoretical foundation for this study builds on the knowledge-gap hypothesis. Social Identity Theory (SIT) and Third-Person Effect play secondary roles in the theoretical foundation of the study, leading to the analysis of race in the media.

Theory

Knowledge-Gap Hypothesis

The knowledge-gap hypothesis serves as the theoretical framework of this study due to the argument the media perpetuate gaps in knowledge between higher and lower socioeconomic strata of society. Tichenor et al. (1970) acknowledge the reality of the mass media industry catering to a higher socioeconomic stratum of individuals, a result of corporate pressures created by advertising and audience targeting. Additionally, Tichenor et al. argue the media as the main contributor to an increase in the “knowledge gap.” With higher socioeconomic audiences consuming media, specifically print, industry executives cater to the subjects that may interest this narrow targeted audience, inadvertently alienating the less-educated public.

The knowledge-gap hypothesis discusses the acquisition disparity of public affairs and science information among different socioeconomic groups. The knowledge-gap hypothesis stems from “Mass Media Flow and Differential Growth in Knowledge,” an article written by Tichenor, Donohue, and Olien. Tichenor et al. (1970) proposed this formal definition:

As the infusion of mass media information into a social system increases, segments of the population with higher socioeconomic status tend to acquire this information at a faster rate than the lower-status segments, so that the gap in knowledge between these segments tends to increase rather than decrease (pp. 246-247).

According to the knowledge-gap theory, education serves as a determinant of socioeconomic status. The knowledge-gap theory proposes, then, that higher socioeconomic segments of the

population acquire more information at quicker rates. Through the obtainment and processing of the information, knowledge will remain more salient within the higher socioeconomic population. The most important aspect of the knowledge-gap theory argues that, *over time*, better-educated individuals will acquire highly publicized information easier than individuals will of lower socioeconomic groups.

Moreover, at *a specific point in time*, “there should be a higher correlation between acquisition of knowledge and education for topics highly publicized in the media than for topics less highly publicized” (Tichenor, Donohue, & Olien, 1970). Tichenor et al. note that higher education leads to more refined communication skills, cumulative knowledge, greater number of reference groups and interpersonal contacts, which, in turn, contribute to an increase in the knowledge-gap and lack of health information for the lower level of the socioeconomic scale. In addition, the willingness to accept and retain the information, as well as the audience targeting by the mass media, contributes to an increase in the knowledge-gap. Overall, the difference in communication skills among different socioeconomic groups leads to varied development of stored information between and among groups, as well as, levels of comprehension among individuals.

The knowledge-gap hypothesis raises many questions about the inequality experienced by mass media audiences. K. Viswanath and Karen M. Emmons suggest individual and structural level determinants play a role in the acquisition of knowledge. Viswanath and Emmons (2006) contend that social determinants contribute to unequal consumption of health information and argue that individual’s partiality to media channels, opinion leaders, and their credibility determine varied perceptions among members of socioeconomic groups. In addition, the media contribute to personal perceptions of societal status and power. These “structural determinants,”

which include socioeconomic position, social networks, social capital and social organizations, such as, media institutions and practices, greatly affect an individual's access, cognition, and capacity to act on the distributed information (Viswanath & Emmons, 2006, p. S244). This leads members of lower socioeconomic status to feel vulnerable and helpless. In order to promote positive public health practices among various racial and socioeconomic groups, the distributors of health information must be more sensitive to cultural practices of interpersonal communication and the use of alternative media.

K. Viswanath, Nancy Breen, Helen Meissner, Richard P. Moser, Bradford Hesse, Whitney Randolph Steele and William Rakowski explore the relationship between socioeconomic status and cancer knowledge. Their findings state the significance between education and health knowledge. Viswanath et al. conclude that "in the absence of extensive coverage in the media, people may become aware of knowledge about an issue only when they either actively seek information or obtain it from other sources such as a physician, both of which are related to socioeconomic advantage" (Viswanath, et al., 2006, p. 14). Research continues to show and emphasize the unequal distribution of health knowledge among lower socioeconomic strata and races and the detrimental implications it may have on various racial and ethnic groups (Viswanath, et al., 2006, p. 2).

Critics argue health information is more susceptible to gaps in knowledge due to the use of technical language and industry jargon (Niederdeppe, 2008; Jerit, 2009). According to Niederdeppe, education and income define socioeconomic status and individuals with less education experience greater gaps in knowledge due their lack of formal education (2008). Individuals with formal education possess broad-spectrum knowledge because of college requirements for general education courses, emphasizing what Niederdeppe calls social capital

(2008). Therefore, knowledge disparity about health information varies greatly among different socioeconomic strata due to differences in education and general knowledge.

Information source plays a role in the acquisition and retention of knowledge. Celebrities and expert sources have been examined to determine their role in decreasing and increasing the knowledge gap. Although able to maintain short spurts of interest, celebrities fail to meet the criteria of credibility necessary for many individuals. In addition, research finds no significant difference between lower and higher SES in information seeking (Niederdeppe, 2008). In contrast, research focusing on the use of experts and journalists finds that experts, although credible, hold the potential to increase the knowledge gap due to use of industry jargon and dissemination of information not easily understood by members of lower SES status (Jerit, 2009). Similarly, Jerit (2008) found journalists utilize stylistic factors in print and broadcast news that contribute to gaps in knowledge. In conclusion, information source plays a crucial role in the dissemination of information, as well as being a factor in the increase or decrease of the knowledge gap.

With the advent of new media, specifically the Internet, recent knowledge-gap research focuses on information seeking, the Internet, and the digital divide. Minsun Shim (2008) examined online information seeking, education, and ethnicity in hopes of finding a correlation among the three. In this study, education and race were indicative of SES. Shim found higher education groups, education being associated with SES, were more likely to seek health information than those of lower educational achievement. According to Shim, education and ethnicity continue to play a role in knowledge disparities about health issues, specifically cancer (2008, p. 457). Although motivation and predisposition from health woes factored into the use of the Internet, race remains an alarming determinant of health knowledge, especially among

African Americans and Hispanics. (Shim, 2008, p. 457; Lee, 2009). More importantly, racial inequity in health communication remains a challenge for health communication practitioners. Recent research attempts to identify the approaches to reaching various target audiences.

Social Identity Theory

Social identity theory (SIT) research contends that one's personal identification with a specific ethnic or cultural group affects their reaction to certain stimuli, such as advertising or health promotion (Sierra, Hyman, & Torres, 2009). According to SIT, individuals identify with certain ethnic groups and are more likely to respond positively to stimuli, or health messages, that align with their own ethnicity or social group (Tajfel & Turner, 1985). Additionally, previous research argues, "Companies targeting an ethnic group might benefit from running ads that stress same-ethnicity models 'or actors' skin color, facial features, and hair styles" (Sierra, Hyman, & Torres, 2009, p. 63).

Sierra et. al. (2009) argue, messages that reinforce audience attitudes and perceptions about their own ethnicity are noticed more often and may induce the advocated or preferred behavior. Sierra, Hyman and Torres state, "Ethnic –related impressions formed by the apparent ethnicity of ad actors can improve targeted consumers' responses toward the ad and advertised brand" (2009, p. 62). Furthermore, research focusing on SIT and public service announcements posits that utilization of audience characteristics within the commercial or advertisement will increase viewer engagement, a crucial finding for health communication practitioners.

Third-Person Effect

Third-person effect hypothesis posits that individuals believe they are less susceptible to the influence of media messages and overestimate the influence of the media on the attitudes and behaviors of others (Davison, 1983). Davison (1983) suggested that misperceptions guide

individual's behaviors and perceptions about mass media messages. Although the degree of third-person effect varies among individuals, accumulated research supports Davison's theory. Extant research on third-person effect delves into anti-drug ads and perceptions (Cho, 2008), self-other differences in susceptibility to persuasion (Duck, Hogg, & Terry, 1998), pornography (Lo & Wei, 2002), minority "at risk" youth (Chapin, 1999), and the ego-enhancing function of social comparisons (Duck, Hogg, & Terry, 1995).

Duck, Hogg, and Terry (1998) analyzed the third-person effects associated with advertising and social identity. In general, people believe those most different from themselves are more likely to experience persuasion from advertisements (Duck, Hogg, & Terry, 1998). Accordingly, drug users reported anti-drug ads less influential than those who did not use drugs (Cho, 2008). Cho (2008), however, found a relationship between the veracity of the anti-drug ads, quality of the message, and perceived effect on self. Gender-differential research established the idea that differences exist between sexes about third-person effect. Lo and Wei (2002) studied the perceptions of males and females in the context of Internet pornography and its negative influence on the viewer. Females reported that males were more likely to experience greater negative effects associated with viewing pornography than their female counterparts (Lo & Wei, 2002).

In addition, third-person effect research on sexuality produced some interesting findings. Duck, Terry, and Hogg (1995) state, "perceived self-other differences in media influence, like other social perceptions, are sensitive to variations in social context" (1995, p. 321). Individuals compare themselves to others in an effort to portray a positive self-image. If the situation calls for resistance to conformity or the comparison group, the individual complies with the socially

desirable response of disagreeing with the possible influence of media messages (Duck, Hogg, & Terry, 1995).

In conclusion, people agree with the third-person effect only when it proves beneficial to their own selves (Duck, Hogg, & Terry, 1995). In accordance with Cho's finding, the quality of the message strongly influenced the participant's opinion on message effects (Cho, 2008). Third-person effect proves a major area of focus among scholars, policy makers, and parents alike.

Health Communication

Social Marketing

Social marketing, attempts to deter risky health behaviors through the utilization of research, persuasive message, and implementation of programs. According to Keys, Morant, and Stroman, "Health communication experts, in particular, have focused on the question of how to develop health messages that elicit desired changes in target audiences' perceptions of their personal risk and the efficacy of recommended actions" (2009, p. 189). Health communication influences personal health through informative campaigns and entertainment-education producing intended and unintended behavioral changes (Brown & Walsh-Childress, 2002). On a public level, health communication strongly influences policy and public opinion through increased news coverage of current issues (Brown & Walsh-Childress, 2002). Health communication, on an individual level, focuses on informational campaigns in order to "stimulate changes – either positive or negative – in health-related attitudes and behaviors" (Brown & Walsh-Childress, p. 453).

Health communication can be intended or unintended. For example, entertainment-education portrays the consequences or rewards of certain behaviors in hopes of promoting the

practice of positive health behaviors in an entertaining format (Brown & Walsh-Childress, 2002). According to Keys, Morant, and Stroman, inserting a message in an entertaining context holds the potential to increase audience engagement and attitude change (2009). This can be seen in television dramas, such as *Degrassi* or *Glee*, which touch on the subject of pre-marital sex, homosexuality, and drug use. Entertainment-education also utilizes embedded health messages, which are health communication messages appearing within the programming. MTV's *Teen Mom* presents hotline numbers at the end of episodes discussing domestic violence, teen pregnancy, and other social ills.

Researchers acknowledge the broadening reach possible through health communication, specifically social marketing. According to Brown, "At the public level, the mass media also may raise awareness of health issues among policymakers and, thus, may contribute to changing the context in which people make choices about their health" (Brown & Walsh-Childress, 2002, p. 453). Media advocacy groups have made efforts to produce campaigns in order to gain media attention, increase public awareness, find solutions to health problems and influence government policy. Social marketing, "the adaptation of commercial marketing technologies to programs designed to influence the voluntary behavior of target audiences to improve their personal welfare and that of the society of which they are a part," remains a vital aspect of health communication (Andreasen, 1994, p. 110). A major component of social marketing is the production and distribution of PSAs.

Public Service Announcements (PSAs)

The Federal Communications Commission defines a PSA as any announcement, "for which no charge is made and which promotes programs, activities, or services of federal, state, or local government or the programs, activities, or services of nonprofit organizations or any other announcements regarded as serving community interests" (Federal Communications Commission Rule, 1984).

Public Service Announcements (PSAs) exist to serve the community and deter risky behaviors. Local and nationwide organizations produce PSAs every year in hopes of decreasing negative behaviors, such as drinking and driving, drug use, alcohol use, and smoking (Santa & Cochran, 2008).

Previous research focusing on the analysis of PSAs on national television found PSAs made up only 2 percent of advertisements from 2001 to 2006 (Fuhrel-Forbis, Nadorff, & Snyder, 2009). Additionally, the majority of PSAs discuss health (Fuhrel-Forbis, Nadorff, & Snyder, 2009). According to Fuhrel-Forbis, Nadorff, and Snyder (2009), health PSAs include “messages about health research, hospitals, substance abuse, and mental and physical health” (p. 56). Table 1 depicts the percentage of PSAs by topic on national television. In addition, PSAs appear in greater frequency overnight, from 1:00 am to 5:00 am and during the fall season (Fuhrel-Forbis, Nadorff, & Snyder, 2009). The results from the cost of airtime are broken down in APPENDIX 1(c).

Additional research evaluates PSAs in order to determine their effectiveness and to improve on health communication strategies. One such study evaluated the types of message frames utilized during anti-drinking PSAs finding empathy as the most effective approach in deterring drinking and driving, followed by fear and informational appeals (Santa & Cochran, 2008). Empathy often appears as a testimonial about a personal experience in hopes of evoking feelings from the audience (Santa & Cochran, 2008). The fear appeal reveals a threat to the audience and offers a recommended action to avoid the threat (Santa & Cochran, 2008). Finally, the informational appeal identifies a problem to increase awareness about the issue (Santa & Cochran, 2008).

Table 1. Percentage of PSAs by Topic

<u>Topic</u>	<u>% of PSAs</u>
Health	29
Education	11.3
Community	9.4
Children/families	8.9
Government (non-military)	6.2
Crime	5.4
Human rights	4.4
Environment/conservation	4.1
Emergency/disaster relief	3.8
Recreational/vehicle safety	2.9

Source: (Fuhrel-Forbis, Nadorff, & Snyder, 2009, p. 64)

Other PSAs utilize aspects of SID, such as analyzing the effectiveness of actors similar to the targeted audience (Tajfel & Turner, 1985). Research reveals youth and adolescents are more likely to respond to PSAs that depict actors in an entertaining context, and similar in age, race, or culture (Keys, Morant, & Stroman, 2009). Unlike previous studies that deter from the use of celebrity spokespersons, Keys et al., find that celebrities increased engagement among African American youth, who tend to identify greatly with urban street culture and the celebrities within the hip-hop community (Keys, Morant, & Stroman, 2009). Therefore, researchers recommend PSAs targeted at African American youth should utilize the celebrity information source, often avoided by health communicators (Keys, Morant, & Stroman, 2009).

Advertising

In addition to PSAs, television broadcasting includes advertising. The difference between advertising and PSAs is in what is being put forward. Advertising promotes a product, while PSAs promote messages intended for the advancement and benefit of the community as a whole. Research focuses on advertising's influence on the public and the targeting of audiences by race, age, gender, and socioeconomic status.

Alcohol advertising has faced much criticism due to its previous targeting of youth, minority, and female audiences (Cui, 2000; Helweg-Larsen & Howell, 2000; Pennock, 2005). Alcohol advertising research has revealed the concentration of alcohol advertising among minority media, specifically women and minority magazines (Cui, 2000). Geng Cui analyzed four consumer magazines between the years of 1979-1992. Cui's analysis revealed the consistently higher number of alcohol advertisements in minority magazines, even with the overall decrease of alcohol advertising over time. Similar research focuses on condom advertisements and their effectiveness (Helweg-Larsen & Howell, 2000).

Research focusing on the persuasiveness of condom advertisements found that women react to stronger arguments compared to weak ones (Helweg-Larsen & Howell, 2000). Helweg-Larsen and Howell had female college students view condom advertisements with strong and weak arguments. The strong arguments emphasized the subjects of pregnancy and STI prevention while the weak arguments highlighted ease of use and packaging style (Helweg-Larsen & Howell, 2000). The subjects found the stronger arguments more appealing and more likely to influence their behavior. Therefore, condom advertisements should frame their products around the subject of pregnancy and STI prevention.

Advertising plays a different role in the likelihood of audience engagement and adoption of healthy and safe behaviors. Alcohol and tobacco advertising has been a constant debate and struggle prior to the advent of television and only exacerbated since (Pennock, 2005). In 1967, the FCC announced the application of the Fairness Doctrine to cigarette advertising. This ruling required radio and television stations to provide equal broadcasting time to anti-smoking messages (Pennock, 2005). After realizing the initial success of the Fairness Doctrine, Congress implemented the Public Health Cigarette Act of 1969, banning all cigarette advertising from television and radio (Pennock, 2005). With the cigarette advertising ban, anti-smoking messages decreased, inadvertently leading to an increase in tobacco consumption -- a result of the decrease in PSAs (Pennock, 2005). The anti-alcohol movement gained momentum in the 1970s and 80s with increasing health concerns associated with drunk driving and Fetal Alcohol Syndrome, but to no avail. Alcohol advertisements still appear in great numbers on television.

Emotional & Frame Appeals

Health promotion campaigns employ emotional frame appeals in hope of deterring poor health choices, behaviors, and attitudes. Health communication research argues statistics and strong emotional appeals have proven effective in deterring smoking, drug use, unprotected sexual activity, and underage drinking (Wong & Cappella, 2009; Cho & Boster, 2008). Fear, humor, romantic rejection, and long-term effect appeals are all utilized by health promotion campaigns, in addition to loss v. gain appeals, in an attempt to deter negative health practices or behaviors (Wong & Cappella, 2009; Cho & Boster, 2008; Slater, Long, Bettinghaus, & Reineke, 2008).

Previous health communication research evaluates the effectiveness of health communication messages, specifically PSAs. O'Keefe and Jensen (2008) evaluated disease-

detection, disease-prevention, and consumer advertising messages. The research focused on message frame, loss v. gain, and audience engagement. The findings revealed the ability of gain-framed messages to elicit greater audience engagement, especially among disease-prevention messages (O'Keefe & Jensen, 2008).

O'Keefe and Jensen noted the possibility of loss-framed messages to produce reactance. Reactance results from an individual's desire to maintain control of the situation or the threatened freedom, such as alcohol or tobacco use. In effect, the individual will react, or rebel, as seen with adolescents, to maintain their personal freedoms. Psychological reactance theory posits that persuasive messages elicit feelings of vulnerability among individuals who fear their freedoms are threatened. (Grandpre, 2003). The various forms of reactance, such as partaking in, or increased allurements toward the forbidden behavior can be disadvantageous to health communication efforts. Therefore, O'Keefe and Jensen caution against the use of loss-framed messages.

In contrast, anti-drug research reveals the success of loss-frame message appeals, in health promotion and health preventative messages (Cho & Boster, 2008). In an effort to improve the effectiveness of anti-drug messages, Cho and Boster utilized the efficacy theory to study loss v. gain-framed messages in order to determine the most beneficial frame appeal for discouraging drug use. For those who found drug use the norm within their social circle, the loss appeal proved most effective. For those who held negative attitudes toward drug use, the gain appeal proved most effective. Cho and Boster concluded peer norms and prior drug use determined the effectiveness of the anti-drug messages, with the efficacy of the loss appeal prevailing as the more successful approach (2008).

Other research emphasizes the strength of emotional appeal. Lang and Yegiyan suggest negative messages prove more effective in dissuading harmful behaviors (2008). The intensity of the message also plays a significant role in the effectiveness of the message. Therefore, the more emotions evoked, in conjunction with the quality of the argument, create a successful health communication message. Wong and Cappella emphasize the necessity of strong emotional appeals, high-efficacy information, and the quality of argument for health communication and behavior change (2009, pp. 16-17).

Existing research regarding health communication and antismoking initiatives builds on Cho and Boster's (2008) theme of efficacy (Wong & Cappella, 2009). Wong and Cappella analyze the role of message efficacy and threat appeals on smoking cessation. Their findings reveal the correlation and effectiveness of efficacy and threat appeals with willingness to quit (Wong & Cappella, 2009). Research reveals thematic and emotional content of antismoking campaigns resonate the highest among adolescents (Siegel, 2002). Emphasizing the manipulative nature of tobacco companies and dramatic portrayal of health risks by real people proves to be the most effective methods of deterring smoking among adolescents (Siegel, 2002).

Health Communication Challenges

Other communication professionals however, argue against the use of message types and frames claiming they create ethical problems for public health campaigns. According to Guttman and Salmon (2004), "messages that misrepresent statistics or use highly charged emotional appeals may fail to meet stipulations for truthfulness and sincerity, as well as correctness and accuracy" (2004, p. 543).

Muthusamy, Levine, and Weber evaluated the effectiveness of fear appeals within high-risk HIV/AIDS communities. The study employed a persuasive strategy in an attempt to

discourage risky sexual behavior through the utilization of fear appeals. The findings reveal the ineffectiveness of fear appeals on an already fear saturated population (Muthusamy, Levine, & Weber, 2009). These findings are crucial to the health communication field especially when targeting the African-American community about HIV/AIDS, of which the groups suffers disproportionately (Center for Disease Control, 2008). Alarming, previous research shows the majority of PSAs targeted at black youth utilized the fear appeal (Keys, Morant, & Stroman, 2009).

In addition to this complication, other ethical concerns plague the health communication field. Linking responsibility to personal behavior is problematic because it does not consider the social factors that may contribute to poor health, leading to “blaming-the-victim” syndrome. “Blaming-the-victim” syndrome results in the attribution of social problems to an individual or group of individuals, as opposed to social and environmental factors. “Linking health with personal responsibility may, by implication, characterize those who do not adopt recommended health-related practices as weak of character and at fault for certain medical conditions” (Guttman & Salmon, p. 543). Implying a relationship between personal health and responsibility may inadvertently instill self-blame and cause individuals to react to public health communication messages with guilt, shame, or frustration.

“Blaming-the-victim” syndrome is especially visible with individuals affected by HIV/AIDS, who often suffer from social stigmatization because of their illness. According to Guttman and Salmon, “In general, this type of social climate can be devastating to members of vulnerable populations who suffer from stigmatized medical conditions since it can result in the internalization of self-blame and destruction of self-esteem” (p. 548). In short, many critics

contend that because of the moral undertones of public health messages, especially concerning sexual health, the effect of public health campaigns are more negative than positive.

Finally, private ownership of business tends to limit controversial health communication advertisements, such as contraceptive advertisements, especially when they compromise funding from other advertising agents. According to Brown (2002), “Due to the private ownership of the media system and First Amendment concerns, it typically is more difficult to disseminate long-running pro-social messages or shows that are produced by the government or nonprofit agencies” (p. 458). As a result, embedded health messages have started to appear on prime-time television programs and during day-time soap operas, an employment of the social learning theory, which presents ideas through entertainment in order to provide lessons on the rewards of a new behavior and the disadvantages of an old one (Godbold Kean & Prividera, 2007).

To identify the effectiveness of health communication messages and campaigns, researchers have analyzed the message types and emotional frame appeals utilized by health communication campaigns in order to determine which are most effective in targeting specific audiences more susceptible to partaking in risky health behaviors.

Race and the Media

With the increasing “browning of America,” health communication research has shifted to a focus on reaching across cultural barriers. Research on race and health communication focuses on the knowledge gap between different socioeconomic strata (Nguyen & Bellamy, 2006). Knowledge, like other goods, is unequally disseminated within all subsets of society. Similar to financial poverty, information poverty can be defined as a lack or deficiency of general knowledge. These strata of information-poor individuals are characterized by the

inability or lack of knowledge to seek out appropriate programs or organizations to assist or alleviate health concerns.

This inability stems from the marginalization of literature and information with the information poor individual less likely to consume books, newspapers or magazines (Childers & Post, 1975). Information poor individuals rely on deficient informal information networks, opting out of pursuing definitive knowledge, and relying on television programming (Childers & Post, 1975). Guttman and Salmon state, “Only the more powerful groups, critics maintain, will be able to place demands that the healthcare system meet their escalating needs, while members of vulnerable groups will continue to receive relatively fewer services and benefits” (2004, p. 551).

The challenge of health communication is the targeting of different subsets of the population. Racial ideologies play a large part in the knowledge gap of health issues and continue to be an obstacle for health communication practitioners and their efforts toward educating the public about risky health behaviors (Keys, Morant, & Stroman, 2009). In addition, African American history continues to play a role in the distrust exuded by the African American community (Keys, Morant, & Stroman, 2009). Previous research reveals the strong influence of urban and hip-hop culture along with celebrities in the black community, specifically among black youth (Keys, Morant, & Stroman, 2009).

Because race is often associated with socioeconomic status, Giang T. Nguyen and Scarlett L. Bellamy studied the medium in which Asian Americans and Caucasians acquired information. They found that Asian Americans are more apt to use interpersonal communication and print media in their information gathering, while Caucasians sought information from their

primary care giver and the Internet, leading back to the digital divide issue and the lack of health care among lower socioeconomic groups.

In addition to race being associated with socioeconomic status and the disparity within health communication, Nguyen and Bellamy note the important of the medium used during dissemination health information. Nurit Guttman and Charles T. Salmon address the many ethical issues that accompany public health communication campaigns, including targeting and tailoring of health messages. The utilization of commercial communication practices within the public health industry creates ethical issue because the targeting of racial and socioeconomic groups has the potential to widen the already broad knowledge-gap.

Developing a public health message targeted at lower socioeconomic groups, without appearing condescending or disrespectful creates a challenge not experienced by most commercial communication strategists. Nguyen and Bellamy state, “The dubious morality of certain communication tactics has been noted by ethicists, who describe preventative health campaigns as a ‘marketing effort, subject to all the risks of motivational marketing-hyperbole, demagoguery, or praying upon fears and prejudices’” (2006, p. 539). Guttman and Salmon suggest, “populations from higher socioeconomic groups were more likely to have increased knowledge relevant to the health issue and more likely to adopt recommended practices, through motivation to do so may have been similar across different populations” (Guttman & Salmon, 2004, p. 549).

Entertainment Media

According to Keys et al., “Media and social service programs are becoming increasingly attractive to young people, especially peer campaigns and programs structured around an entertainment genre, such as hip-hop music, teen drama, youth performance, and community-

based entertainment” (2009, p. 190). MTV, VH1 and BET remain popular cable-music channels among adolescent audiences, especially with the introduction of reality television in their day-today programming.

MTV, Music Television, emerged in 1980 as a U.S. cable television network devoted solely to videos of musicians, singers, and performers. Currently, MTV is the world’s largest television network and the “leading brand for youth, now reaching over 95.7 million homes” (MTV, 2008). According to Business Week and Interbrand, MTV is the world’s most valuable brand (MTV, 2008). The cable network is owned by media conglomerate Viacom International with the number one ranking among young adult demographics. The median viewer age is 21 with a median household income of \$53,000 (MTV, 2008). Over half of the viewing households have attended college, with 20.6% having over four years of college education (MTV, 2008).

VH1, also known as Video Hits One and VH1: Music First is an American cable television network launched on January 1, 1985. VH1 has a viewing audience of 95.3 million and prides itself on its “public affairs initiative” (The Cable and TV Bureau, 2008). The cable network promotes the Save the Music and Rock Autism campaigns. VH1, also owned by media conglomerate Viacom International, is a sister network of MTV. The viewing audience of VH1 is slightly older than that of MTV, with a median age of 30.4 and household income of \$53,593 (The Cable and TV Bureau, 2008). The VH1 audience is 76.32 percent white, 11.21 percent Black, 12.71 percent Hispanic, and 2.79 percent Asian.

BET, Black Entertainment Television, is an American cable network targeted toward urban audiences and black youth and the leading entertainment network for “African Americans and consumers of Black culture globally” (The Cable and TV Bureau, 2008). The network, also owned by Viacom International, airs hip-hop, gospel, jazz, comedy, drama, and news

programming through the Black American's perspective reaching over 88 million households (The Cable and TV Bureau, 2008).

Research reveals the widespread disparity in knowledge, disease, and health information among various ethnic groups. Prior research fails to focus on the health communication disparities between youth oriented and racially targeted television programming. The current study will provide a definitive representation of health communication commercials on youth oriented and racially targeted television programming, specifically MTV, VH1, and BET.

Research Questions

Extant research suggests that the media shape the perceptions, attitudes, and beliefs of others and their environment (Gerbner G. , 1976). In this media-saturated world, the amount of television viewed influences beliefs about humankind and ones surrounding environment (Davison, 1983). The public, however, overestimates others' susceptibility to media messages while refusing to accept the reality of their own vulnerability (Davison, 1983).

This study will attempt to identify relationships among cable-music television channels and participants' health knowledge, beliefs, and attitudes. According to Potter, television programming differs in theme, plot, and various other elements (1990). Therefore, an individual's reality depends on their preference of programming. In consideration of these factors, the formulation of the following research questions resulted.

RQ 1: Is there a relationship between the participants viewing habits and their level of health knowledge?

RQ 2: What are participants' perceptions of the effectiveness of health communication messages promoting pro-health behavior?

RQ 3: Do participants think health communication messages are more effective on others than themselves?

CHAPTER 3

METHOD

Research indicates that sexually transmitted diseases and substance abuse is a health concern of particular importance to parents and American youth. Previous research repeatedly emphasizes the role of race and socioeconomic status, which are often interrelated, in information acquisition about health issues. The studies mentioned focus on minorities, youth, and health promotion, but fail to compare youth oriented and racially targeted television programming. In addressing this issue, I am interested in the knowledge gap between different racial groups, the youth audiences based on television preference and the health communication messages distributed on BET, MTV, and VH1. Due to the cable music channel's diverse audience makeup, I am interested in the participant's health knowledge, channel preference, their attitude toward health communication messages depicted on the channels, and perception of the message effectiveness.

The channels selected for analysis are cable-music programming. I chose MTV as a comparison point for BET, because of dissimilar audience makeup and BET's primary focus on the black-American perspective. In addition, research shows, "race and gender are basic motivators for choice of television content, and that adolescents may, indeed, be seeking models with whom they can identify as they develop a sense of themselves in the larger culture" (Brown & Pardun, 2004, p. 275). In addition, I chose BET, MTV, and VH1 because of their mass appeal to the college-age demographic and their racially segmented audiences.

I collected data from a convenience-sample subject pool of undergraduate students using an online survey. I distributed the survey through the university media-research lab via a URL link. I utilized an online survey to increase the ease of access for participants. I collected data

from September 25, 2010 through October 4, 2010. I analyzed the data using the statistical software SPSS. Through this survey, I determined the uniformity or lack thereof for health knowledge, attitudes, and target audience. The respondents previous media use and health knowledge was examined and compared by media outlet preference to determine if a knowledge gap exists among the cable music television channel audiences. The goal was to determine if a specific target audience disproportionately lacked health knowledge, as well as to identify differences between attitude toward health, others, and self among the different target audiences of Black Entertainment Television (BET), Video Hits One (VH1), and Music Television (MTV).

According to Duck et al. (1995), people make comparisons with others in ways that put themselves in the best light, thus reinforcing and maintaining their self-esteem. When individuals deem it preferable to resist persuasion, people see themselves as highly resistant and others as less so. In contrast, when it is acceptable to think of oneself as influenced, people see themselves as quite yielding and others as less so (Duck, Hogg, & Terry, 1995). Therefore, the survey included questions that reference others in order to determine whether the participants shared uniform attitudes toward issues, others, and themselves.

Measurement

The survey instrument used several questions from the health information national trends survey (HINTS) and adapted the questions for the specific southern university audience. The question formatting included multiple-choice questions utilizing rating scale, dichotomous, and semantic differential scale formatting. The survey instrument began with general descriptive questions such as the participant's race, gender, and age. I included these questions to collect demographic data of the subject pool for later comparisons of audiences. In addition, the survey asked respondents how often "In the last thirty days" they believed their university counterparts

participated in alcohol consumption, sexual activity, and drug use. I included semantic differential scales to determine the frequency of such activities. The scale included the following choices, “Never,” “Less than Once a Month,” “Once a Month,” “2-3 Times a Month,” “Once a Week,” “2-3 Times a Week,” and “Daily.” These questions were included to measure third person effects.

Next, the survey asked respondents about their typical viewing habits of television, in general, with the following multiple choice options: “0 hrs,” “1 – 3 hrs,” “4 – 6 hrs,” “7 – 10 hrs,” “11 – 13 hrs,” and “14 and above.” Next, the survey asked respondents about their typical viewing habits, weekend and weekday, of the cable music television channels BET, MTV, and VH1 to determine channel preference and audience makeup. A multiple-choice matrix question included the following options for each channel: “0 hrs,” “1 – 3 hrs,” “4 – 6 hrs,” “7 – 10 hrs,” “11 – 13 hrs,” and “14 and above.” The survey asked respondents the same question, but in reference to the typical LSU student. The survey provided the “0 hrs” option for students who did not watch the specific cable-music channel.

The next set of questions discussed the airing of health information on television. The section starts with this excerpt, “Some people notice information about health on the television, even when they are not trying to find out about health concerns they have or someone in the family has.” The survey asked respondents if health information on television caught their attention. Multiple-choice answers appeared as follows: “A lot,” “Some,” “A little,” “Not at All,” and “Don’t Know.” In addition, the survey utilized a multiple-choice matrix to determine whether the participant notice information about health on BET, MTV, and VH1. The matrix question used the following multiple-choice answers: “A lot,” “Some,” “A little,” “Not at All,” “Don’t Know,” and “Don’t Watch.” The survey used a multiple-choice matrix to determine how

often respondents recalled health information. The following option choices appeared in the survey instrument: “Never,” “Less than Once a Month,” “Once a Month,” “2-3 Times a Month,” “Once a Week,” “2-3 Times a Week,” “Daily,” “Don’t Know,” and “Don’t Watch.” Again, the survey utilized a matrix multiple-choice construct to ask respondents how much they trusted health information on BET, MTV, and VH1. The survey included the following answer choices: “A lot,” “Some,” “A little,” “Not at All,” and “Don’t Know.”

In the next section, the survey included the following statements to gauge the level of health knowledge among the participants. A rating scale of “Strongly Agree,” “Agree,” “Neither Agree nor Disagree,” “Disagree,” and “Strongly Disagree,” appeared after each health knowledge statement. The survey instrument included the following health knowledge statements: “There are drugs available to treat HIV which can lengthen the life of a person infected with the virus,” “There is no cure for AIDS,” “Young people under the age 18 need their parents’ permission to get an HIV test,” “Having another sexually transmitted disease like Gonorrhea or Herpes increases a person’s risk of becoming infected with HIV,” “Having sexual intercourse without a condom increases a person’s risk of becoming infected with HIV,” “Sharing intravenous needles increases a person’s risk of becoming infected with HIV,” “You can become infected with HIV by having unprotected oral sex,” “Binge drinking is defined as drinking 4 to 5 drinks within 2 hours,” “Coffee will lessen the intoxicating effects of alcohol,” “A cold shower will lessen the intoxicating effects of alcohol,” and “Alcohol can cause serious damage to a fetus.”

In the next section of the survey, the instrument prompted respondents to view three thirty-second public service announcements (PSA) and answer questions following each PSA. The FCC definition of PSA was included in the beginning of this section. It is as follows,

A PSA is ‘any announcement (including network) for which no charge is made and which promotes programs, activities, or services of federal, state, or local governments (e.g., recruiting, sale of bonds, etc.) or the programs, activities or services of non-profit organizations (e.g., United Way, Red Cross blood donations, etc.) and other announcements regarded as serving community interests, excluding time signals, routing weather announcements and promotional announcements.’”

I chose to include the first PSA because of its affiliation with BET. BET’s “Rap-it-Up” campaign is

about taking a stand in your life and community to help stop the spread of HIV/AIDS. Rap-It-Up is about protecting yourself and those you care about, being informed, getting tested for HIV annually, talking openly with your partner, friends and family and taking action in your community. HIV is one of the leading causes of death in the African American community . . . but it does not have to be” (Rap-It-Up: Black Entertainment Television).

BET’s “Rap-it-Up” campaign created a PSA utilizing the romantic rejection and gain-frame. Research shows both frames proved effective in disease-prevention communication (O’Keefe & Jensen, 2008). In addition, I chose the BET “Rap-it-Up: Clinic” PSA because of its use of same-ethnicity models, a recommended approach advocated by various researchers (Sierra, Hyman, & Torres, 2009; Tajfel, 1974; Duck, Hogg, & Terry, 1995; O’Keefe & Jensen, 2008).

The BET “Rap-it-Up: Clinic” PSA avoids the use of a fear appeal, an approach previous researchers claim is ineffective in already fear saturated populations, such as the African American community (Muthusamy, Levine, & Weber, 2009). Finally, the strong influence of urban and hip-hop culture in the African American community, especially among black youth, was a contributing factor when deciding to include this specific PSA (Keys, Morant, & Stroman, 2009). For a detailed description of the “Rap-it-up: Clinic” PSA please see the Table 2.

Table 2. BET's "Rap-it-Up: Clinic" PSA Script

Clinic & Young Man's apartment - daytime (Split Screen)

Actor 1 (left screen), a young African American man, is enthusiastically playing a video game. Actor 2 (right screen), a young African American man, sits in a health clinic. He is visibly uncomfortable, fidgeting and restless. The clinic is full of other African Americans.

The young man playing video games picks up his phone. The shot goes to the screen of the phone.

Actor 2

Texting on his phone:

Actor 1

"New Message" (generic phone alert)

Actor 1 picks up and reads the message on his phone:

"I'm @ the spot!"

Actor 1 starts texting a response.

Actor 2

"New Message" (generic phone alert)

Actor 2 looks at his phone. The screen reads

"what it look like?"

Actor 1

"New Message" (generic phone alert)

Actor 1 receives a text message.

The screen shot switches to the screen on Actor 1's phone.

The phone reads

"like it's supposed to"

Actor 1 starts texting.

Actor 2

"New Message" (generic phone alert)

The phone reads,

"u doin this 4 ur girl"

The screen shot switches to a head shot of Actor 2.

(Table 2 Con'd.)

Actor 2
This is for me and my girl. Ignorance ain't bliss. Get a HIV test for you and your partner.
End of Scene.

The inclusion of PSA2 stemmed from its ability to elicit strong emotions from the audience through the use of empathy, loss, and fear appeal, strategies recommended by previous PSA and communication research (Santa & Cochran, 2008; Cho & Boster, 2008; Wong & Cappella, 2009). Table 3 gives a detailed description of the setting and portrayal of the anti-drinking and driving PSA.

Finally, PSA3 was included because of its broadcasting on all three cable-music channels. Table 4 includes the setting details and script. Additionally, PSA3 emphasizes the manipulative advertising tactics of tobacco companies and its executives. Previous anti-tobacco PSA research discusses exposing the big tobacco companies marketing tactics as the most effective approach in deterring smoking among adolescents (Siegel, 2002).

I included segments of the HINTS survey to determine levels of health knowledge. In addition, I included the PSAs for participant viewing to measure third-person effect and aspects of social identity theory. After participants view each PSA they will be asked how much they agree with statements asking participant recall, message effectiveness on others and self, specifically effects on perception, attitude, and behavior of the PSA topic. In addition, participants were asked how personally appealing and relevant the PSAs were.

Table 3. "Some Things Can't Be Reversed" PSA

Jail - nighttime

Scene 1 - opens with a spotlight on a man crying. His head is resting in the palms of his hands. He is sitting in jail:

Father

Still crying, he looks up to see the ghost of a white little girl:

The little girl whispers:

Little Girl
Daddy

Scene 2 - The screen switches to an accident. There is an ambulance, cops, and emergency vehicles present. The pavement is covered in glass.

Little Girl
Lays motionless on the pavement.

The father is stricken with grief and emotion. He is screaming and has to be restrained by police officers

Father
No! Nooo! Ahhhh!

Scene 3 - (In reverse) Father and little girl are in a truck, then leaving a party.

The dad is drinking a beer and speaking with the party hosts. He puts down the beer and picks up his keys (the keys read "DAD"):

The screen switches to a black screen. The screen reads:

SOME THINGS CAN'T BE REVERSED. DESIGNATE A DRIVER.

The screen returns to the father in jail, crying with his face in his hands.

"YOU DRINK. YOU DRIVE. YOU LOSE."

Table 4. Thetruth.com – Shards O’ glass PSA

Shards O’ glass factory - daytime

The Shards O’ glass spokesperson strolls through the factory:

CEO

At shards o glass freeze pops we want you to know where we stand on important glass freeze pop issues.

The screen shot changes to views of Shards O’ glass freeze pops on the assembly line:

CEO

We now agree there is no such thing as a safe glass freeze pop.

The screen shot switches to a view of the factory assembly line and visualizes the process of making Shards O’ glass freeze pops:

CEO

The only proven way to reduce health risks from our glass pops . . . **is to not eat them.**

pause

To learn more, visit our website . . . shardsoglass.com

Shardsoglass.com appears on the screen.

CEO

And remember shards o glass freeze pops are for adults only.

The screen shot switches to a black screen with the following print.

What if all companies sold products like Big Tobacco.

Commercial ends with the truth logo.

“thetruth.com”

CHAPTER 4

RESULTS

This study sought to identify relationships among targeted audiences, health knowledge, and attitude toward Public Service Announcement (PSA) through utilization of a survey instrument. Two-hundred and forty-one respondents completed the survey, 58 (24.1%) males and 183 (75.9%) females. Of the 241 respondents who completed the survey, 215 (89.2%) identified themselves as White, 9 (3.7%) Black, 8 (3.3%) Asian, 1 (.4%) American Indian or Alaska Native, 1(.4%) Native Hawaiian or Pacific Islander, and 7 (2.9%) Mixed. Of the respondents, 21.2% were 18 years of age, 34.9% were 19, 26.1 were 20, 10.8% were 21, 4.6% were 22, 1.2% were 23 and there was a 25, 28 and 37 year old in the respondent group. See Table 5 for complete details of respondent demographics.

The second part of the survey sought to identify the participants' television viewing habits. Nearly two-thirds (62.7%) of respondents watch 1 – 3 hours of television daily. Of the 241 respondents, 23 (9.5%) watch zero hours, 151 (62.7%) watch 1 – 3 hrs, 39 (16.2%) watch 4 – 6 hours, 18 (7.5%) watch 7 – 10 hrs, and 3 (1.2%) watch 14 hrs and above.

Interestingly, 229 (95.0%) of the respondents don't watch any BET programming during the week, while over half (52.3%) watch 1 – 3 hours of MTV programming. Similarly, a little under half (44.0%) of the respondents reported they did not watch MTV, in addition to the over two-thirds (69.0%) who claimed they did not watch VH1 during the week. No respondents watched over 1 – 3 hours of BET programming during the week, emphasizing the unpopularity of the channel among the respondent group. Of all the channels, respondents watched a greater amount of MTV programming compared to BET and VH1. For more detailed information of respondent cable-music television viewing habits refer to Table 6.

Table 5. Race, Gender, Age Demographics

<u>Demographic Information</u>	<i>f</i>	<u>% of respondents</u>
Gender		
Male	58	24.1
Female	183	75.9
Race		
White	215	89.2
Black	9	3.7
Asian	8	3.3
American Indian/Alaskan Native	1	0.4
Native Hawaiian/Pacific Islander	1	0.4
Mixed	7	2.9
Age		
18-years-old	51	21.2
19-years-old	84	34.9
20-years-old	63	26.1
21-years-old	26	10.8
22-years-old	11	4.6
23-years-old	3	1.2
24-years-old & older	3	1.2

*N = 241

Table 6. Weekday Viewing Habits,

Viewing Habits	BET		MTV		VH1	
	<i>f</i>	<i>%</i>	<i>f</i>	<i>%</i>	<i>f</i>	<i>%</i>
0 hrs	229	95	106	44.0	172	69
1 – 3 hours	10	4.1	126	52.3	65	27
4 – 6 hours	0	0	8	3.3	3	1.2
7 – 10 hours	0	0	4	1.7	2	0.8
11 – 13 hours	0	0	1	0.4	0	0
14 and above	0	0	0	0.0	0	0

*N = 241

There was a slight increase in viewing for all three channels during the weekend. During the weekend, respondents were more likely to watch BET programming. Respondents are also more likely to watch more television during the weekend with the respondents (24%) watching 4 – 6 hours of MTV programming. A few respondents even reported watching, on average, 7 – 10 hours of MTV programming during the weekend. Please see Table 7 for detailed information on respondent viewing habits.

Interestingly, the respondents reported greater viewing habits for their university counterparts. See Table 8. Half of the respondents reported the typical LSU student to watch 1 – 3 hours of BET and VH1 television programming. A little under half of the respondents (41.5%) reported that the typical LSU student watched 4 – 6 hours of MTV programming. MTV remained the most watched cable music channel among the respondents with participants (12.4%) reporting the average student watching 7 – 10 hours of MTV. During the weekend, respondents (5.4%) expect their fellow classmates to watch 11 – 13 hours of the specific

channels.

Table 7. Weekend Viewing Habits

Viewing Habits	BET		MTV		VH1	
	<i>f</i>	<u>%</u>	<i>f</i>	<u>%</u>	<i>f</i>	<u>%</u>
0 hrs	226	93.8	104	43	157	65.1
1 – 3 hours	6	2.5	112	47	74	30.7
4 – 6 hours	6	2.5	24	10	8	3.3
7 – 10 hours	0	0.0	3	1.2	1	0.4
11 – 13 hours	0	0	1	0.4	1	0.4
14 and above	0	0	0	0	0	0

*N = 241

Table 8. Respondents expectation of fellow student weekend viewing habits

Viewing Habits	BET		MTV		VH1	
	<i>f</i>	<u>%</u>	<i>f</i>	<u>%</u>	<i>f</i>	<u>%</u>
0 hrs	52	22	10	4.1	22	9.1
1 – 3 hours	125	52	98	41	120	49.8
4 – 6 hours	55	22.8	100	42	81	33.6
7 – 10 hours	4	1.7	30	12	15	6.3
11 – 13 hours	2	0.8	6	2.5	5	2.1
14 and above	1	0.4	1	0.4	0	0

*N = 241

Noteworthy is the difference in attention respondents reported exhibiting to health information on general television compared to the cable music television. See Table 9. A little less than half of the respondents (46.9%) are more likely to pay some attention to health or medical topics on regular television opposed to BET, MTV, or VH1. Among the cable music channels, respondents (39.7%) were more likely to pay attention to health information on MTV.

Table 9. Participant attention level to PSAs

	BET		MTV		VH1		TV	
	<i>f</i>	<i>%</i>	<i>f</i>	<i>%</i>	<i>f</i>	<i>%</i>	<i>f</i>	<i>%</i>
Don't Watch	186	77.2	63	26.1	105	43.6	-	-
Don't Know	4	1.7	18	7.5	23	9.5	7	2.9
Not At All	15	6.2	18	7.5	18	7.5	15	6.2
A little	14	5.8	69	28.6	48	19.9	70	29.0
Some	15	6.2	45	18.7	35	14.5	113	46.9
A lot	12	5.0	30	12.4	13	5.4	34	14.1

*N = 241

Participants notice health information at a higher rate on MTV with VH1 following closely. See Table 10 for percentages by channel. Interestingly, even for each frequency category, respondents remembered seeing health information on MTV more than BET and VH1. MTV, again, rated highest among respondents within the trust and health information category.

Overall, respondent health knowledge was high. See Table 11. The survey asked participants several questions to gauge their health knowledge. A lower mean indicates a greater level of knowledge of the issue. Over three-fourths of the respondents (80.5%) agreed or strongly

agreed that there were medications available to lengthen the lifespan of someone infected with HIV representing a moderate level of knowledge ($M = 2.01$, $SD = .977$).

Table 10. Respondents recall of PSAs on cable-music television

	BET		MTV		VH1	
	<i>f</i>	<i>%</i>	<i>f</i>	<i>%</i>	<i>f</i>	<i>%</i>
Never	30	12.4	19	7.9	24	10.0
Don't Watch	176	73.0	59	24.5	99	41.1
Don't Know	10	4.1	27	11.2	37	15.4
Less than Once a Month	6	2.5	14	5.8	13	5.4
Once a month	6	2.5	9	3.7	8	3.3
2 – 3 Times a Month	3	1.2	12	5.0	9	3.7
Once a Week	4	1.7	25	10.4	18	7.5
2 – 3 Times a Week	3	1.2	33	13.7	20	8.3
Daily	4	1.7	43	17.8	10	4.1

*N = 241

Interestingly, 11.6% of the respondents believed a cure for HIV existed, while another 9.1% neither agreed nor disagreed. The majority of respondents knew there was no cure for HIV ($M = 1.91$, $SD = 1.073$). Over half of the respondents (63.9%) knew that people under the age of 18 did not need parental consent to get an HIV test, while 17.5% of respondents believed parental consent necessary and another 17.8% neither agreed nor disagreed with the statement. Overall respondents knowledge for the need of parental consent was high with a high mean indicating a greater level of knowledge about the issue ($M = 3.61$, $SD = 1.075$).

Only a little over a third (39.4%) of the respondents knew that having another sexually transmitted disease increased their risk of contracting HIV. Alarming, two-thirds of the respondents did not know that having a sexually transmitted disease increased their risk of contracting the disease. The level of health knowledge for sexually transmitted diseases increasing the risk of contracting HIV was neutral with a lower mean indicating greater knowledge ($M = 2.89$; $SD = 1.081$).

However, a majority of respondents (88%) knew the risk associated with unprotected sex and HIV infection ($M = 1.59$, $SD = 1.045$). The majority of respondents (94.6%) knew sharing needles increased the risk of contracting HIV ($M = 1.26$, $SD = .613$), but the respondents were split when it came to the subject of oral sex and HIV transmission. Over two-thirds (65.5%) agreed that a person can become infected with HIV by having unprotected oral sex, but a third had no answer or disagreed with the statement ($M = 2.23$, $SD = 1.105$). In this case, a higher mean indicated greater knowledge.

Respondents had higher health knowledge pertaining to alcohol consumption and its effects. A little under three-fourths of the respondents correctly identified binge drinking as consumption of 4 to 5 drinks within two ($M = 2.27$, $SD = 1.028$). A large majority of respondents knew that coffee ($M = 4.00$, $SD = .889$) and a cold shower ($M = 4.07$, $SD = .930$) did not lessen the intoxicating effects of alcohol with a higher mean indicating greater knowledge. In addition, respondents exhibited high knowledge about the negative effects alcohol can have on a human fetus with a lower mean indicating greater knowledge ($M = 1.26$, $SD = .504$).

Table 11. Health Knowledge

	<u>M</u>	<u>SD</u>
There are drugs available to treat HIV which can lengthen the life of a person infected with the virus	2.01	0.977
There is no cure for AIDS	1.91	1.073
Young people under age 18 need their parents permission to get an HIV test*	3.61	1.075
Having another sexually transmitted disease increases a person's risk of becoming infected with HIV	2.89	1.081
Having unprotected sex increases a person's risk of becoming infected with HIV	1.59	1.045
Sharing intravenous needles increases a person's risk of becoming infected with HIV	1.26	0.613
You can become infected with HIV by having unprotected oral sex	2.23	1.105
Binge drinking is defined as drinking 4-5 drinks within 2 hours	2.27	1.028
Coffee will lessen the intoxicating effects of alcohol*	4	0.889
A cold shower will lessen the intoxicating effects of alcohol*	4.07	0.93
Alcohol can cause serious damage to a fetus	1.26	0.504

N=239, *Note: a lower mean indicates greater knowledge. The asterisk represents statements where a higher mean indicates greater knowledge.

Interestingly, variations in health knowledge existed among different races. A higher percentage of Blacks agree that there are drugs available to treat HIV which can lengthen the life of a person infected with HIV ($M = 2.00$, $SD = .962$) opposed to Whites ($M = 2.75$, $SD = 1.165$) and Asians ($M = 2.75$, $SD = 1.165$), not a statistically significant result. A higher percentage of Whites agree more strongly that there is no cure for AIDS ($M = 1.87$, $SD = 1.056$) compared to

Blacks ($M = 2.33$, $SD = 1.323$) and Asians ($M = 2.63$, $SD = 1.188$), not a statistically significant result. A higher percentage of Asians ($M = 2.00$, $SD = .756$) agree more strongly that having another sexually transmitted disease increases the risk of becoming with HIV compared to Whites ($M = 2.91$, $SD = 1.077$) and Blacks ($M = 3.11$, $SD = .928$), with Black and Mixed ($M = 3.29$, $SD = 1.254$) respondents having the lowest knowledge of the associated risks. I conducted a one-way between subjects ANOVA to compare the effect of race on health knowledge of sexually transmitted diseases. The results approached significance with an effect of race on health knowledge of the risks associated with sexually transmitted diseases, $F(5, 233) = 2.013$, $p = .078$.

A higher percentage of Black respondents ($M = 1.78$, $SD = 1.394$) were most likely to agree that HIV can be transmitted by having unprotected oral sex, compared to Whites ($M = 2.23$, $SD = 1.087$) and Asians ($M = 2.38$, $SD = .916$) more neutral responses, not a statistically significant result. Interestingly, a higher percentage of Blacks ($M = 1.33$, $SD = .707$) exhibited higher knowledge about the risks associated with unprotected sex compared to Whites ($M = 1.58$, $SD = 1.050$), Asians ($M = 1.75$, $SD = 1.035$), and Mixed ($M = 1.43$, $SD = .535$) race respondents. Again, I conducted a one-way between subjects ANOVA to compare the effect of race on health knowledge of unprotected sex. The ANOVA revealed a significant effect of race on health knowledge pertaining to the risks of unprotected sex, $F(5, 233) = 2.446$, $p = .035$. Therefore, statistical results suggest race indicative of certain types of health knowledge, however, health knowledge did not vary between sexes.

Research question one asked if a relationship existed between the participants viewing habits and their level of health knowledge. The participant viewing habit index was created using principal components factor analysis of the nine items measuring viewing habits (all of the

items rating hours of television viewed) using varimax rotation resulting in loadings on three factors. Results of the varimax rotation analysis for participant viewing habits, along with means and standard deviations for each of the viewing habit items, appear in Table 12.

Table 12. Factor Analysis of Participant Viewing Habits

N=237	M	SD	Factor Loadings		
			1	2	3
VH1 Weekday Viewing	1.32	0.543	0.845		
VH1 Weekend Viewing	1.4	0.62	0.844		
MTV Weekday Viewing	1.65	0.652	0.734		
MTV Weekend Viewing	1.71	0.732	0.696		
VH1 Others Viewing	2.43	0.827		0.887	
BET Others Viewing	2.08	0.787		0.854	
MTV Others Viewing	2.7	0.861		0.824	
BET Weekday Viewing	1.04	0.202			0.913
BET Weekend Viewing	1.07	0.344			0.944
% of Variance Explained			28.30%	25.04%	20.40%

Subjects were asked "How many hours do you watch the following channels?"

An examination of the screen plot also suggested a three-factor solution. The first factor explained 28.3% of the variance, the second factor explained 25.04% of variance, and the third, 20.4%. The first, second, and third factors were examined using the varimax rotations of the factor loading matrix. The first factor, labeled "MTV-VH1 Viewing Habits" consisted of four items that dealt with participant weekday and weekend viewing habits of the two cable-music television channels MTV and VH1 (Cronbach's alpha = .798). The second factor, "participant

opinion on others viewing habits,” contained three items that measured respondents’ opinion on typical LSU student viewing habits of the three cable-music television channels (Cronbach’s alpha = .832). The final factor, “BET viewing habits,” contained two items that measured the participants weekday and weekend viewing habits of BET (Cronbach’s alpha = .793).

I created summated scales from each of these three factors to MTV & VH1 viewing habits, opinion on other students viewing habits, and BET viewing habits. No substantial increases in alpha for MTV& VH1, BET, or others viewing could have been achieved by eliminating more items, however Cronbach’s alpha for the four items measuring MTV & VH1 viewing combined was .798. For nominal level data, I divided the participant viewing at midpoint into “high” and “low” level use. The viewing index ranged from one to two with a midpoint of 1.5 (M = 1.4298, SD = .49607).

I conducted an independent samples t-test to compare health knowledge in high and low viewers of each cable-music television channel. The independent samples t-test indicated there was a significant difference between low (M = 1.16, SD = .485) and high (M = 1.36, SD = .716) viewers of MTV and their knowledge of HIV transmission through sharing intravenous needles, $t(236) = -2.460, p = .015$. I conducted a one-way between subjects ANOVA to compare the effects of high and low viewing on the level of knowledge. There was a significant effect of high and low viewing of MTV on the participants’ knowledge of the risks associated with sharing intravenous needles, $F(1, 236) = 6.054, p = .015$. In addition, the independent samples t-test indicated there was a significant difference between low (M = 1.20, SD = .398) and high (M = 1.34, SD = .591) viewers of MTV and their knowledge of alcohol damaging a fetus, $t(236) = -2.219, p = .027$, with a one-way between subjects ANOVA comparing the effects. There was a

significant effect of high and low viewing of MTV on the participants' knowledge of the damaging effects of alcohol on a human fetus, $F(1, 236) = 4.923, p = .027$).

Additionally, an independent samples t-test for health knowledge and participant viewing habits indicated a significant difference between low ($M = 1.90, SD = .922$) and high ($M = 2.16, SD = 1.003$) viewing of VH1 and participants' knowledge of the existence of drugs to lengthen the life of someone who is infested with HIV, $t(234) = -2.038, p = .043$. I conducted a one-way ANOVA to compare the effects VH1 high-low viewing on the participants' knowledge of the existence of drugs to treat someone infected with HIV. The results revealed a significant effect of participants viewing habits on their knowledge of HIV drugs, $F(1, 234) = 4.155, p = .043$. These results suggest a relationship between participants' MTV and VH1 viewing habits and their level of specific types of health knowledge. Interestingly, there was no significant difference in participant viewing of BET and their health knowledge.

Table 13. Do You Recall Previously Viewing this PSA?

	PSA 1		PSA 2		PSA 3	
	<i>f</i>	<i>%</i>	<i>f</i>	<i>%</i>	<i>f</i>	<i>%</i>
Strongly Agree	12	5.0%	42	17.6%	157	65.7%
Agree	12	5.0%	19	7.9%	41	17.2%
Neither Agree nor Disagree	3	1.3%	8	3.3%	2	0.8%
Disagree	75	31.4%	72	30.1%	11	4.6%
Strongly Disagree	137	57.3%	98	41.0%	28	11.7%

*N = 241

The final section of the survey asked respondents to view PSAs and answer questions following their viewing. Only 10% of the respondents recalled previously viewing PSA number

1, which airs on BET. Over three-fourths of the respondents reported previously viewing PSA number 3, which airs on MTV and VH1. See Table 13 for PSA recall. Research question two asked about participants' perceptions of the effectiveness of health communication messages promoting pro-health behavior. Participants reported PSA2 as the most effective ($M = 1.88$, $SD = .909$) compared to PSA1 ($M = 3.18$, $SD = 1.272$) and PSA3 ($M = 3.41$, $SD = 1.396$), which was rated the least effective out of the three PSAs. Of the health communication messages included in the survey instrument, only 10% of respondents agreed seeing PSA1 previously, but respondents (73.4%) did consider the PSA effective. I conducted a one-way between participants ANOVA to compare gender and perceived effectiveness of the PSAs. There was a significant effect of gender at the $p < .05$ for the perceived effectiveness of PSA2, $F(1, 237) = 10.102$, $p = .002$.

Interestingly, when looking at race and effectiveness of the PSAs Blacks found PSA1 more effective ($M = 2.33$, $SD = 1.581$) than did Whites ($M = 3.22$, $SD = 1.245$), Asians ($M = 3.38$, $SD = 1.768$), and Mixed race ($M = 3.00$, $SD = 1.0$) respondents, not significant. For PSA2, Blacks found the PSA least effective out of all the races ($M = 2.22$, $SD = 1.093$), not significant. Again, Blacks found PSA3 less effective ($M = 4.00$, $SD = 1.658$) than Whites ($M = 3.39$, $SD = 1.371$), Asians ($M = 3.63$, $SD = 1.996$), and Mixed race respondents ($M = 3.00$, $SD = 1.291$). When looking at gender and respondents perception of effectiveness, gender produced interesting results.

Females ($M = 3.17$, $SD = 1.293$) were more likely to find PSA1 effective than males ($M = 3.22$, $SD = 1.215$). Females ($M = 1.78$, $SD = .841$) found PSA2 more effective than males ($M = 2.21$, $SD = 1.039$). Again, females ($M = 3.37$, $SD = 1.350$) found PSA3 more effective than

males ($M = 3.53$, $SD = 1.536$). An independent sample t-test revealed a significant difference in male and female perception of the effectiveness of PSA2, $t(237) = 3.178$, $p = .002$.

A quarter (25.3%) of respondents agreed they had previously viewed PSA2 and a strong majority (87.9%) agreed the PSA influenced their decision to drink and drive in the future. Half of respondents (49%) found PSA2 personally relevant to their lives, opposed to the 15.8% who thought PSA1 was relevant to their life. Noteworthy, 96.2% of respondents found PSA2 effective in deterring drinking and driving, while only 1.2% of respondents found PSA2 ineffective. Interestingly, a large majority of respondents (82.9%) recalled previously viewing PSA3. Half of respondents (49.4%) reported they would be more likely to refrain from smoking after viewing PSA3 with 63.6% of respondents reporting the PSA effective in deterring smoking. Interestingly, over half (55.6%) of respondents found PSA3 irrelevant to their life. I conducted a one-way between participants ANOVA for race and perceived message effect. There was a significant effect of race on participants' likelihood to refrain from smoking after viewing PSA3, $F(5, 233) = 2.107$, $p = .065$.

When analyzing differences between sexes, females ($M = 2.94$, $SD = .908$) were more likely to use protection after viewing PSA1 compared to male respondents ($M = 3.09$, $SD = .156$), not significant. Again, females ($M = 2.98$, $SD = 1.033$) were more likely to be tested after viewing PSA1 compared to males ($M = 3.36$, $SD = 1.038$), $t(237) = 2.463$, $p = .014$, $F(1, 237) = 6.065$, $p = .014$. Both males ($M = 1.83$, $SD = .994$) and females ($M = 1.64$, $SD = .767$) agreed they were more likely to refrain from drinking and driving after viewing PSA2, not significant. After viewing PSA3, males ($M = 2.69$, $SD = 1.127$) and females ($M = 2.60$, $SD = 1.124$) had more neutral attitude about refraining from smoking, not significant.

Research question three asked if participants thought the health communication messages were more effective on others than themselves. A little less than half of the respondents (45.2%) agreed others would be more likely to get tested after viewing PSA1, but close to a third (27.8%) reported that it would not increase others likelihood to use protection during sexual encounters. After viewing PSA1, participants were not more likely to be tested for HIV ($M = 3.07$, $SD = 1.045$) and were more indifferent to PSA1's effectiveness on others.

Respondents (64.4 %) found PSA2 much more effective in deterring others from risky behavior, such as drinking and driving. A strong majority (92%) agreed that after audiences viewed PSA2, they would think twice before getting behind the wheel when intoxicated. Only 3.3% of the respondents believed PSA2 would have no effect on audience decision-making about drinking and driving. Again, a strong majority of respondents (93.3%) thought others would pay attention to PSA2. Respondents did, however, think after viewing PSA2 they would be more likely to refrain from drunk driving ($M = 1.68$, $SD = .830$) than others ($M = 2.26$, $SD = 2.26$).

After viewing PSA3, half of respondents (45.6%) thought others would think twice before smoking, but only 21.9% thought current smokers would quit smoking. While half of respondents claim they are more likely to refrain from smoking after viewing PSA3, over half of respondents (52.7%) thought PSA3 would be ineffective in influencing smokers to quit. Respondents (73.3%) did think audiences would pay attention to the PSA. Respondents' thought PSA3 less influential on others willingness to quit smoking ($M = 3.38$, $SD = 1.026$) opposed to their likelihood to quit smoking ($M = 2.62$, $SD = 1.123$).

CHAPTER 5

DISCUSSION

This study sought to identify relationships among target audiences, health knowledge, and attitudes toward PSAs through the implementation of a survey instrument to an undergraduate population at a large southern university. The survey produced some interesting results about respondent health knowledge, attitude toward PSAs, and attitude toward others.

Research question one asked if a relationship between participant viewing habits and health knowledge existed. A significant difference in high and low viewing of MTV and respondents' knowledge of HIV transmission through sharing of intravenous needles existed with lower viewers of the channel having greater knowledge of the subject. In addition, a significant difference between high and low viewers of MTV and their knowledge of alcohol damaging a fetus existed with low viewers, again, having greater knowledge of the negative effects of alcohol. Finally, low viewers of VH1 exhibited significantly greater knowledge about HIV drugs than higher viewers of the channel. No significant difference in health knowledge for viewers of BET existed. What does this mean for health communication strategists? PSAs broadcasted on MTV and VH1 should focus on HIV and alcohol education. Efforts to target the African American community appear effective, but in targeting this specific audience, the community interests of the adolescent MTV and VH1 audience have suffered.

Additionally, a significant difference in health knowledge among race existed. Specifically, race was indicative of health knowledge pertaining to HIV transmission, STDs, and unprotected sexually activity. Black and Mixed race respondents exhibited the lowest knowledge when asked about HIV transmission and pre-existing STDs. Health communication experts claim race remains a strong determinant of health knowledge, especially among

minorities (Shim, 2008; Lee, 2009). The significance of the data analysis provides support for previous research claiming race a determinant of health knowledge. Interestingly, no relationship between gender and health knowledge existed.

Research question two asked about respondents' perceptions of message effectiveness of the health communication messages. Analysis revealed a statistically significant difference between gender and perception of message effectiveness. Female respondents found PSA1 more effective than male respondents and were more likely to be tested after viewing the PSA.

Helweg-Larsen and Howell (2000) contend that stronger arguments are more effective when targeting female audiences, especially when discussing sexual activity. Helweg-Larsen and Howell (2000) recommend framing topics of sexuality around pregnancy and STI prevention. The data suggest this tactic is effective. Therefore, strong informational arguments focused on STI prevention are more effective among female audiences.

No significant difference existed between race and the effectiveness of the PSAs. Not surprisingly, however, respondent recall of PSA1 was low. PSA1, produced in partnership with BET, failed to depict "ethnic-related impressions" to the overwhelmingly white audience (Sierra, Hyman, & Torres, 2009). Despite the dissimilar racial characteristics of the actors in PSA1, three-fourths of the respondents deemed the PSA effective. Although previous research stresses the use of same-ethnicity models, the respondents found PSA1 effective regardless of the lack of "ethnic-related impressions," contradicting previous research (Sierra, Hyman, & Torres, 2009). Previous HIV and disease-prevention research stressed the use of the gain-framed messages in increasing effectiveness, such as the gain of romantic affection emphasized in PSA1 by the statement, "This is for me and my girl" (O'Keefe & Jensen, 2008).

Social context is a likely factor in the respondents' decision in agreeing PSA1 was effective. Duck et. al (1995) discussed individuals desire to comply with a situation if it portrays a positive self-image. Therefore, respondents might have felt the appropriate answer was to agree with the question on PSA1's effectiveness because of the sensitive nature of the HIV/AIDS pandemic. In contrast, 68.9% of respondents did not find PSA1 relevant to their life, which may be attributed to the lack of same-ethnicity models. Therefore, attitude toward effectiveness was not influenced by respondents' identification with the actors of PSA1, but the absence of same-ethnicity models may have been influential in respondents' attitude formation toward the personal relevancy of PSA1.

Due to the large majority of MTV viewers, it was not surprising that PSA3 would be the most memorable, however, the respondent group deemed PSA2 most effective. Effectiveness may be attributed to the theme and frame of PSA2. According to Lang and Yeghyan (2008), negative messages prove more effective in dissuading harmful behavior like drinking and driving. In addition, Cho and Boster (2008) advocate for the use of loss-frame message appeals in health promotion and health preventative messages. Although Cho and Boster (2008) support the use of loss-frame message appeals in discouraging drug use, the loss-frame message appeal appears effective in deterring drinking and driving among adolescent audiences.

Messages evoking strong emotions from the audience prove more effective in deterring negative behaviors (Wong & Cappella, 2009). PSA2 portrayed real life loss and the consequences associated with drinking and driving, the loss of a child and grief of a father, resonating with the respondent group, with 96.2% agreeing the PSA was effective. Half of the respondents agreed PSA2 was relevant to their life. The loss-frame, strong emotional appeal, and

use of same ethnicity actors, are likely the determining factors in the respondents' attitude toward PSA2.

Although respondents recalled PSA3 more than PSA1 or PSA2, only two-thirds believed it would be effective and only half agreed they would refrain from smoking after viewing. In accordance with psychological reactance theory, PSA3 may have elicited feelings of vulnerability (O'Keefe & Jensen, 2008). Previous research illustrates adolescents' tendency to gravitate toward the forbidden behavior in an effort to maintain control of their freedoms (Grandpre, 2003). PSA3 utilized the recommended approach of exposing and emphasizing the manipulative practices of big tobacco companies, this frame explaining why two-thirds of the respondents believed PSA3 to be effective (Siegel, 2002). PSA3 failed to depict real life risks associated with smoking, a recommendation proposed by Siegel (2002). This lack of a dramatic portrayal, present in PSA2, may have resulted in the respondents' attitude toward the effectiveness, or lack thereof, for PSA3 (Siegel, 2002).

In accordance with social identity theory, the majority white audience reported higher viewing habits for the two channels whose broadcasting does not focus on the Black American perspective (Sierra, Hyman, & Torres, 2009; Tajfel & Turner, 1985). Social identity theory research emphasizes individuals' likelihood to gravitate toward stimuli that promotes or displays characters that align with their personal ethnic or social group (Sierra, Hyman, & Torres, 2009). Therefore, the majority white audience did not report high viewership of BET. With only nine respondents identifying themselves as Black, it is not surprising that only 10 of the respondents reported watching BET during the day and 12 of the respondents reported watching BET during the weekend.

I would be remiss if I failed to discuss the disproportionate rate at which respondents overestimated their university counterparts viewing habits. Overall, the majority of respondents watch “1 – 3 hours” of television programming during the week. Interestingly, the respondents reported much higher viewing habits for their university counterparts. Only 5% of respondents reported watching BET during the weekend, but half of the respondents believed a typical student watches “1 – 3 hours” of BET with a quarter answering that a typical student watched “4 – 6 hours” of BET. In addition, over three-fourths of respondents reported that a typical LSU student watches “1 – 6 hours” of MTV and VH1 compared to the 50 percent of respondents who reported watching “1 – 3 hours” of MTV and the third who watch “1 – 3 hours” of VH1. Davison (1983) discusses individuals’ likelihood to overestimate the influence of media on others, such as the respondents’ attitudes toward their fellow students viewing habits. The data support Davison’s claim that individuals overestimate media behavior of others (1983).

The question remains whether the respondents overestimated their university counterparts viewing habits or if they under-reported their own in order to give a socially desirable response. Due to the entertainment format of the programming, reporting the socially desirable response (low viewing) for the cable-music channels is highly probable.

Respondents reported they would notice health information at a much higher frequency on regular television programming opposed to any of the cable-music television channels. This may be attributed to the celebrity factor of the music channels. Research studying information source notes the inability of celebrities to maintain long-term interest in social issues (Sprecher, Harris, & Meyers, 2008). This inability stems from celebrities’ lack of credibility among the public. Furthermore, research contends messages that utilize audience characteristics increase viewer engagement (Tajfel & Turner, 1985; Keys, Morant, & Stroman, 2009). This may account

for the greater percentage of respondents who noticed health information on MTV, “the leading brand for youth” (MTV, 2008).

Conclusions

This study aimed to identify relationships between health knowledge and target audiences of the cable-music channels BET, MTV, and VH1. Previous research notes the role of structural level determinants, such as partiality to media channels in determining audience perceptions (Viswanath & Emmons, 2006). Interestingly, there was no significant difference in health knowledge among high viewers and low viewers of BET and minimal differences in knowledge among high and low viewers of MTV and VH1. These findings are positive for health communication strategists and knowledge gap theorists who maintain the media perpetuate gaps in knowledge between higher and lower socioeconomic strata.

With race often being interchangeable with socioeconomic status the lack of differentiation among the target audiences limits the analysis of knowledge gap in terms of race and socioeconomic status (Shim, 2008). It must be noted, however, the college-student subject pool does not equate a lower socioeconomic segment of society. According to Niederdeppe, education is a factor in determining socioeconomic status and higher educated individuals do not experience greater gaps in knowledge in contrast to individuals who lack a formal education (2008). Therefore, Tichenor’s argument that higher education leads to more refined communications skills and cumulative knowledge rings true among the subject pool whose responses represented high levels of health knowledge.

Social identity theory posits that individuals are more likely to respond positively to stimuli that align with their own ethnicity or social group (Tajfel & Turner, 1985). Analysis of respondents’ attitudes toward health messages that depicted same-ethnicity and different-

ethnicity actors provide support for this claim with blacks finding PSA1 more effective than whites and Asians. Similarly, white respondents found PSA2 and PSA3 more effective than black respondents did. Therefore, health communication strategists should include same-ethnicity models and ethnic-related impressions in order to increase viewer engagement.

Third-person effects theory argues that individuals believe they are less susceptible to the influence of media messages and overestimate the influence of media on the attitudes and behaviors of others (Davison, 1983). The respondents' expectations of their university counterparts viewing habits exemplify this argument. In addition, respondents found PSA3 more effective on themselves than others, a facet of third-person effect theory contending individuals conform to the socially desirable response in an effort to portray a positive self-image (Duck, Hogg, & Terry, 1995).

In conclusion, participants viewing habits had minimal effect on participant knowledge of health risks and issues. Respondents' attitudes and beliefs about health communication messages provide support for previous framing, social identity theory, and third-person effects research. The respondent group had a high level of health knowledge with few exceptions. Knowledge of underage parental consent for a HIV test along with the risk associated with sexually transmitted diseases and HIV infection levels of knowledge were low among the respondent group. The respondents' knowledge of binge drinking and HIV risks associated with oral sex were more neutral than skewed in a specific direction, signifying a lack of knowledge on each issue.

Finally, although same-ethnicity models increase viewer engagement, the respondents' attitude toward effectiveness was not affected. Health communication strategists should utilize same ethnicity models to increase viewer engagement of PSAs. In conjunction with same-ethnicity models, health communicators should emphasize loss-frame and strong emotional

appeals in order to increase viewer engagement, as well as attitudes toward effectiveness. As PSA2 showed, the use of both frames together increased viewer engagement and attitude toward effectiveness, while decreasing third-person effects. This decrease in third-person effects implies the greater engagement elicited by the audience. Furthermore, when targeting female audiences, strong informational arguments should be utilized, as suggested by Helweg-Larsen and Howell (2000). The ideal PSA would include same-ethnicity models, a strong informational argument, a strong emotional appeal, portrayal of real life risks, and inclusion of a loss-frame appeal that is associated with the risky behavior.

Strengths and Limitations

There was minimal ethnic diversity among the respondent population with white respondents (89.2%) making up the majority of the survey pool and Blacks following with only 3.7% representation. Furthermore, the racial makeup of the respondent group seemed predictive of audience viewership of the cable music channels, with BET having the lowest percentage of viewership among the three cable music channels. Respondents named MTV as their most watched channel out of BET, MTV, and VH1. The lack of a Latino/Hispanic race category limited the demographic responses. The Latino/Hispanic demographic category, in addition to a PSA targeting this audience, would increase the breadth of knowledge gap research and youth targeted programming. In the future, limiting the amount of Likert scale question formatting within the survey would provide responses that are more concise.

The survey instrument included 50 questions. The length of the survey may have inadvertently led to the dropout of participants. Several respondents did not complete the survey; however, the survey instrument included a “forced answer” setting. The “forced answer” setting

prompted respondents to complete skipped questions before being able to move to the next page or section of questions, limiting random error.

Reliability for participant viewing habits was determined by computing a coefficient of internal consistency. The establishment of Cronbach's alphas demonstrated internal consistency on all three factor indices with alphas ranging from .793 to .832. Collecting the sample for the study from the university population allowed the respondent group to match the target youth audience of the three cable-music television channels. The distribution of the survey instrument through a URL link allowed the subject pool ease of access, especially for the tech savvy population of university students.

The introduction of the iPhone, in addition to steadily increasing Internet access among the general population, made completing of the survey more convenient for the subject pool. However, since the survey was only available through the URL link the respondent group was limited to those with access to the Internet. This may have limited the results of the study due to the lack of differentiation in socioeconomic status of the subject pool. Again, the main premise of knowledge gap builds on the lack of access to information. The racial makeup of the respondent group limited the results of the study due to the lack of racial and gender diversity among the participants. The respondent group's ethnic makeup limited the study's ability to make racial comparisons for knowledge gap and health knowledge. With education serving as a determinant of socioeconomic status, the subject pool of undergraduate students at the state's flagship university limits the diversity of the subject pool in terms of education, race, and income, i.e. socioeconomic status.

Greater comparisons for knowledge gap could be made by distributing the survey among the general population and accounting for level of education, income, and race. Future research

should focus on the strata of society that lacks a formal education and their levels of health knowledge. In addition, the survey should be distributed among the strata of the population who holds a graduate or post-graduate degree. This would make for greater comparisons when discussion knowledge gap theory.

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APPENDIX I: PSA DATA

(A) PSA Frequency Rate from 2001 – 2006

PSA Frequency Rate and Percentage of Possible Ads Accounted for by PSAs, 2001-2006											
	% PSAs CABLE TV	NUMBER OF PSAs CABLE TV	% PSAs NETWORK TV	NUMBER OF PSAs NETWORK TV	% PSAs SPANISH LANGUAGE NETWORK TV	NUMBER OF PSAs SPANISH LANGUAGE NETWORK TV	TOTAL % PSAs	TOTAL NUMBER OF PSAs	PSA VALUE RATE	PSA VALUE	VALUE OF ALL PSAs
2001	1.4	86,897	7.7	44,922	12.5	25,989	2.2	157,808	3.6	\$1,307,815,433	
2002	1.3	97,048	7.2	43,143	14.9	36,969	2.2	177,160	3.6	\$1,357,152,378	
2003	1.3	100,442	7.4	41,961	12.3	36,046	2.0	178,449	3.5	\$1,386,133,693	
2004	1.3	108,304	7.5	42,445	14.2	39,190	2.1	189,939	3.6	\$1,570,266,616	
2005	1.3	116,619	7.9	44,061	15.4	47,395	2.2	207,855	4.1	\$1,849,069,319	
2006	1.1	112,695	9.0	45,614	12.9	43,233	1.9	201,542	4.2	\$1,865,738,700	
Average 2001-2006	1.3	106,982	7.8	43,441	13.7	38,137	2.1	185,459	3.8	\$1,556,029,357	
Hours of Airtime 2001-2006	1.2	5,201	8.3	2,134	12.3	1,853	2.0	9,188			

PSA value rate (adjusted for inflation) for cable, network, and Spanish language network stations, 2001-2006.
The percentages compare PSAs TO PSAs PLUS COMMERCIAL ADVERTISING

(B) Monetary Values for PSAs, Length of Air Time from 2001 – 2006

Estimated Monetary Value for PSAs, Number of PSAs, and Length of Airtime for PSAs in Total and as Percentage of Value, Number, and Amount of Airtime Allotted to PSAs and Ads, 2001–2006

PROGRAMS	SPORTS		CHILDREN'S		NEWS		ENTERTAINMENT		ALL PROGRAMS		
	PSA MEASURE	%	PSA TOTALS	%	PSA TOTALS	%	PSA TOTALS	%	PSA TOTALS	%	PSA TOTALS
<i>Estimated Monetary Value of PSAs</i>											
2001	1.5	\$101,493,912	5.5	\$13,157,250	9.0	\$412,899,993	3.9	\$947,141,528	4.1	\$1,474,692,682	
2002	1.1	\$89,789,964	3.7	\$8,560,182	9.1	\$422,645,412	3.2	\$775,216,234	3.5	\$1,296,211,793	
2003	1.1	\$84,500,110	2.9	\$7,501,791	9.1	\$445,717,791	3.0	\$824,257,464	3.4	\$1,361,977,157	
2004	0.9	\$81,864,792	3.9	\$9,545,288	9.4	\$491,983,458	3.4	\$981,344,261	3.6	\$1,564,757,800	
2005	0.8	\$69,546,340	3.6	\$8,899,983	10.1	\$534,683,438	4.0	\$1,229,885,219	4.1	\$1,843,014,980	
2006	0.7	\$68,496,707	2.6	\$6,931,689	10.7	\$548,158,223	4.2	\$1,246,404,010	4.2	\$1,869,990,629	
Average 2001–2006	1.0	\$82,615,304	3.7	\$9,099,364	9.6	\$476,014,719	3.6	\$1,000,711,453	3.8	\$1,568,440,840	
<i>Number of PSAs</i>											
2001	1.2	7,245	4.3	1,559	5.0	54,325	1.8	94,679	2.2	157,808	
2002	0.9	7,635	3.5	1,155	4.7	55,734	1.8	109,957	2.2	174,481	
2003	0.8	8,409	4.4	2,016	4.2	52,516	1.7	110,824	2.0	173,765	

(Continued)

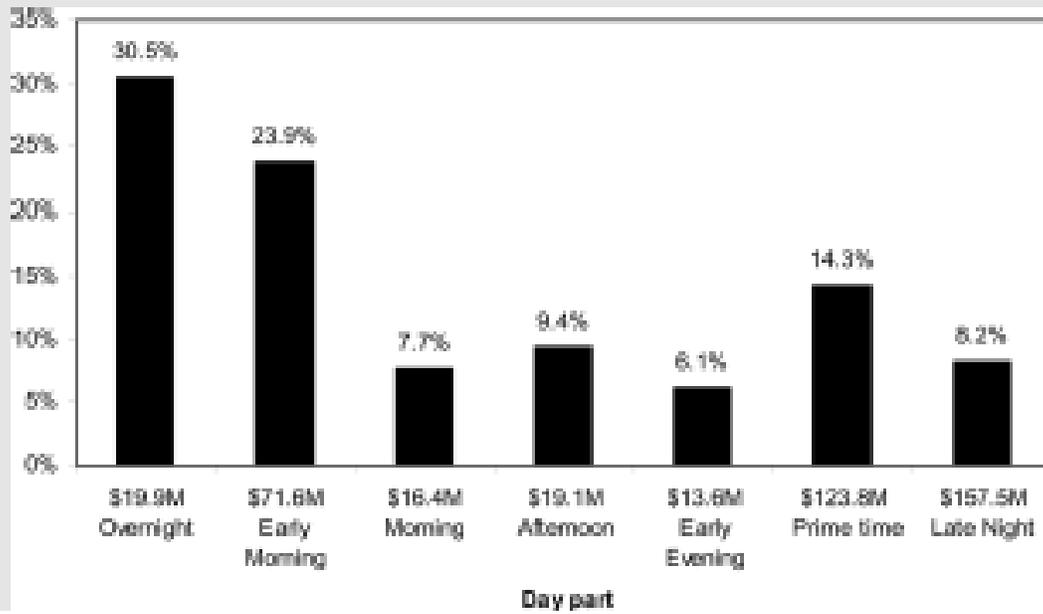
(B) Monetary Values for PSAs, Length of Air Time from 2001 – 2006

Continued

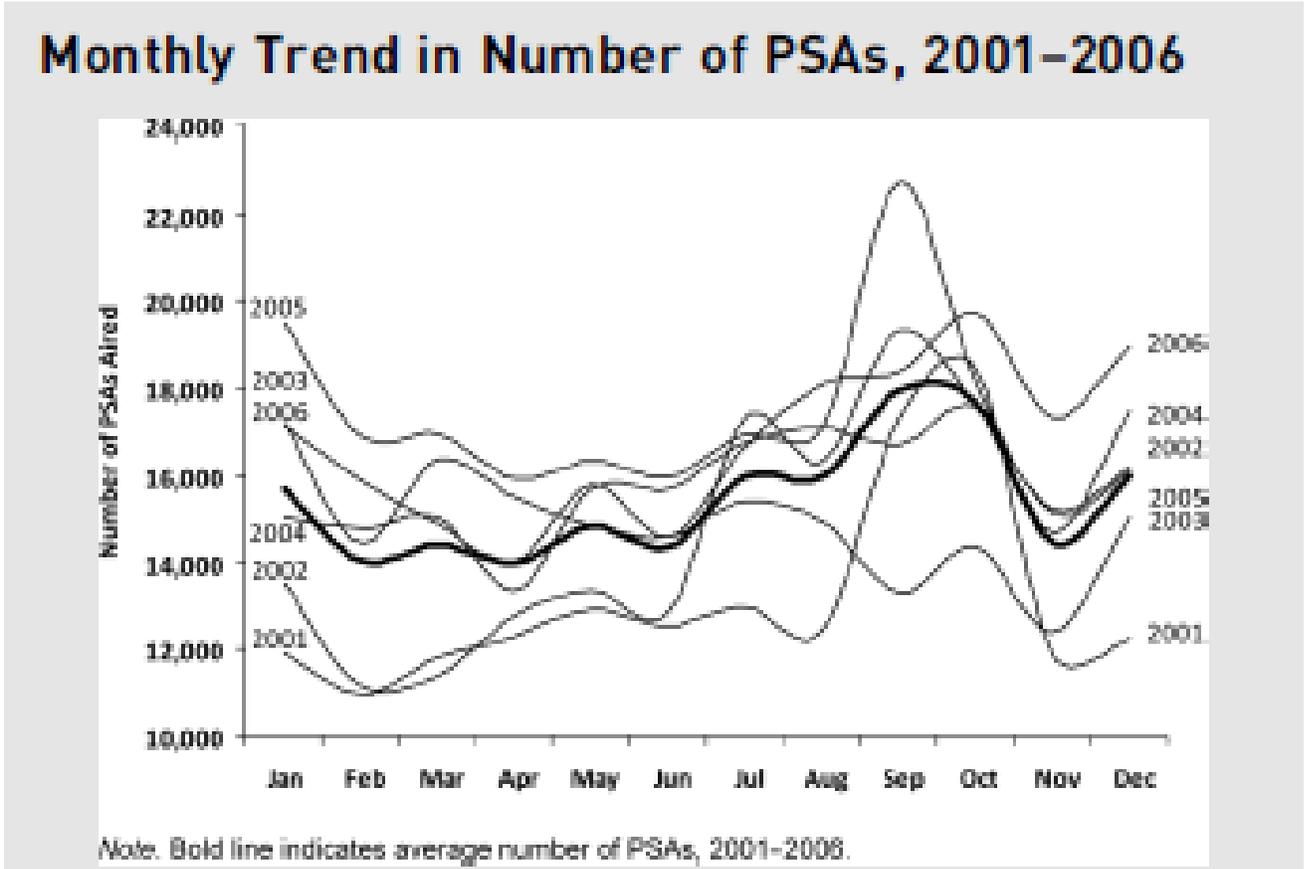
PROGRAMS PSA MEASURE	SPORTS		CHILDREN'S		NEWS		ENTERTAINMENT		ALL PROGRAMS	
	%	PSA TOTALS	%	PSA TOTALS	%	PSA TOTALS	%	PSA TOTALS	%	PSA TOTALS
2004	0.8	8,342	8.8	4,081	4.4	55,669	1.8	121,266	2.1	189,358
2005	1.0	11,276	3.3	1,612	4.1	55,559	1.9	137,418	2.1	205,865
2006	0.8	8,983	1.6	1,081	3.8	54,836	1.7	135,141	1.9	200,041
Average 2001-2006	0.9	8,648	4.3	1,917	4.4	54,773	1.8	118,214	2.1	183,553
<i>Amount of Airtime for PSAs (in hours)</i>										
2001	1.1	57.1	3.6	11.2	4.3	455.3	1.5	760.7	1.9	1,284.2
2002	0.8	63.9	2.5	6.8	4.1	453.4	1.7	907.6	2.0	1,431.7
2003	0.7	66.9	3.7	13.2	3.8	446.1	1.6	907.4	1.8	1,433.5
2004	0.8	72.8	9.3	32.6	4.2	472.8	1.8	1,024.8	2.0	1,603.0
2005	1.0	95.3	3.8	13.8	4.0	466.3	1.9	1,142.6	2.1	1,718.0
2006	0.8	82.4	1.9	9.5	3.9	483.6	1.7	1,142.3	1.9	1,717.8
Average 2001-2006	0.9	73.1	4.1	14.5	4.1	462.9	1.7	980.9	2.0	1,531.3

(C) Monetary value of Airtime for PSAs

Percentage of PSAs Aired During Each Part of the Day of all PSAs and Total Estimated Hourly Monetary Value of the PSAs, 2006

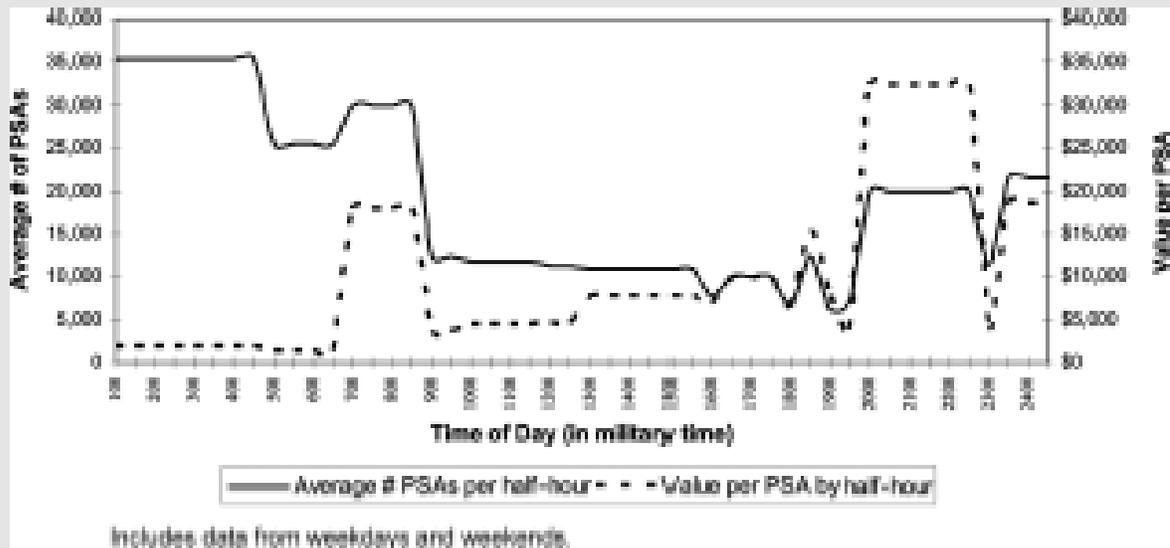


(D) Frequency Trends for PSAs (2001-2006)



(E) Average Number of PSAs aired throughout the day.

Average Number of PSAs per Half-Hour of Airtime and Value per PSA, 2006



APPENDIX II: SURVEY INSTRUMENT

You are being invited to participate in an online survey concerning health communication. Graduate Student Katharine Gavin and Dr. Nicole Smith Dahmen, from the Manship School of Mass Communication at Louisiana State University, Baton Rouge will conductare the study as part of a graduate thesis project.

You will be asked to provide your views of Public Service Announcement (PSA) content that might run on a music television network.

This survey is anonymous. Students who complete the study will be identified by their MEL pin number for credit purposes. Do not include your name on the survey. IP addresses will not be recorded for this study, however, absolute anonymity cannot be guaranteed over the Internet. No one will be able to identify you or your answers, and no one will know whether or not you participated in the study. Individuals from the LSU Media Effects Lab and the Institutional Review Board may inspect these records. It should be noted that if the data is published, no individual information will be disclosed.

There are minimal psychological risks associated with the study due to the sensitive nature of health communication. There are no costs to you for participating in the study. The information you provide will be used in a graduate thesis. The questionnaire will take approximately 30 minutes to complete. The information collected may not benefit you directly, but the information learned in this study should provide more general benefits for youth audiences.

Your participation in this study is voluntary. By completing and submitting the completed survey via the Internet, you are voluntarily agreeing to participate. You are free to decline to answer any particular question you do not wish to answer for any reason.

If you have any questions about the study, please contact Katharine Gavin, 222 Hodges Hall, 318-290-8131, kgavin1@tigers.lsu.edu or Dr. Nicole Smith Dahmen, 203 Hodges Hall, 225-578-2095 ndahmen@lsu.edu .

The Louisiana State University Institutional Review Board has reviewed my request to conduct this project. If you have any concerns about your rights in this study, please contact Robert C. Mathews, PhD, Chairman, Institutional Review Board, LSU, 225- 578-8692, or email irb@lsu.edu.

Please enter your five-digit MEL number (to be used for credit purposes).

Are you male or female?

- Male
- Female

What is your age?

Which one of the following would you say is your race?

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or other pacific islander
- Mixed

In the last thirty days, how often do you think a typical LSU student has been sexually active?

- Never
- Less than Once a Month
- Once a Month
- 2-3 Times a Month
- Once a Week
- 2-3 Times a Week
- Daily

In the last thirty days, how often do you think a typical LSU student has consumed alcohol?

- Never
- Less than Once a Month
- Once a Month
- 2-3 Times a Month
- Once a Week
- 2-3 Times a Week
- Daily

In the last thirty days, how often do you think a typical LSU student has used marijuana?

- Never
- Less than Once a Month
- Once a Month
- 2-3 Times a Month
- Once a Week
- 2-3 Times a Week
- Daily

In the last thirty days, how often do you think a typical LSU student has used prescription drugs that were not prescribed to them?

- Never
- Less than Once a Month
- Once a Month
- 2-3 Times a Month
- Once a Week
- 2-3 Times a Week
- Daily

In the last thirty days, how often do you think a typical LSU student has used methamphetamine or barbiturates, such as heroin, cocaine, or any illicit drugs?

- Never
- Less than Once a Month
- Once a Month
- 2-3 Times a Month
- Once a Week
- 2-3 Times a Week
- Daily

During a typical weekday, about how many hours do you watch T.V.?

- 0
- 1 - 3 hrs
- 4 - 6 hrs
- 7 - 10 hrs
- 11 - 13 hrs
- 14 and above

During a typical weekday, about how many hours do you watch the following television channels?

	0 hrs	1 - 3 hrs	4 - 6 hrs	7 - 10 hrs	11 - 13 hrs	14 and above
BET						
MTV						
VH1						

During a typical weekend, about how many hours do you watch the following television channels?

	0 hrs	1 - 3 hrs	4 - 6 hrs	7 - 10 hrs	11 - 13 hrs	14 and above
BET						
MTV						
VH1						

During a typical weekend, about how many hours do you think a typical LSU student watches the following television channels?

	0 hrs	1-3 hrs	4-6 hrs	7 - 10 hrs	11 - 13 hrs	14 and above
BET						
MTV						
VH1						

Some people notice information about health on the television, even when they are not trying to find out about a health concern they or someone in the family has.

How much attention do you pay to information about health or medical topics, such as a drunk driving and anti-smoking commercials, on TV?

- A lot
- Some
- A little
- Not at all
- Don't Know

How much attention do you pay to information about health or medical topics, such as a drunk driving and anti-smoking commercials, on these channels?

	A lot	Some	A little	Not at all	Don't Know	Don't watch
BET						
MTV						
VH1						

About how often have you seen health information, such as such as a drunk driving and anti-smoking commercials, on BET, MTV, and VH1 in the last thirty days?

Never Less than Once a Month Once a Month 2-3 Times a Month Once a Week
2-3 Times a Week Daily Don't Know Don't Watch

BET
MTV
VH1

In general, how much would you trust information about health or medical topics, such as a drunk driving and anti-smoking commercials, on these channels?

A lot Some A little Not at all Don't Know

BET
MTV
VH1

Please answer the following questions to the best of your ability. Please answer the questions on your own, without outside help (friends or the Internet). This study is interested in how much you agree or disagree with the following statements.

There are drugs available to treat HIV which can lengthen the life of a person infected with the virus.

Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

There is no cure for AIDS.

Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

Young people under age 18 need their parents' permission to get an HIV test.

Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

Having another sexually transmitted disease like Gonorrhea or Herpes increases a person's risk of becoming infected with HIV.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

Having sexual intercourse without a condom increases a person's risk of becoming infected with HIV.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

Sharing intravenous needles increases a person's risk of becoming infected with HIV.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

You can become infected with HIV by having unprotected oral sex.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

Please answer the following questions to the best of your ability. Please answer the questions on your own, without outside help (friends or the Internet). This study is interested in how much you agree or disagree with the following statements.

Binge drinking is defined as drinking 4 to 5 drinks within 2 hours.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

Coffee will lessen the intoxicating effects of alcohol.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

A cold shower will lessen the intoxicating effects of alcohol.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

Alcohol can cause serious damage to a fetus.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

In this section there are three 30-second Public Service Announcements (PSA).

A PSA is "any announcement (including network) for which no charge is made and which promotes programs, activities, or services of federal, state, or local governments (e.g., recruiting, sale of bonds, etc.) or the programs, activities or services of non-profit organizations (e.g., United Way, Red Cross blood donations, etc.) and other announcements regarded as serving community interests, excluding time signals, routine weather announcements and promotional announcements." (FCC)

Please view each PSA and answer the following questions. You can view the PSAs by clicking on the arrow in the middle of the screen

I recall previously seeing this PSA.

Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

After viewing this PSA, I am more likely to use protection.

Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

After viewing this PSA, I am more likely to get tested.

Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

I think others who view this PSA are more likely to get tested.

Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

I think others who view this PSA are more likely to use protection.

Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

I think others are likely to pay attention to this PSA.

Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

This PSA is relevant to my life.

Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

This PSA is effective in promoting HIV testing.

Very Effective
Effective
Somewhat Effective
Neither Effective nor Ineffective
Somewhat Ineffective
Ineffective
Very Ineffective

I recall previously viewing this PSA.

Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

After viewing this PSA, I am more likely to refrain from drinking and driving.

Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

I think others who view this PSA are more likely to think twice before drinking and driving.

Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

I think others who view this PSA are more likely to stop drinking and driving.

Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

I think others are likely to pay attention to this PSA.

Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

This PSA is relevant to your life.

Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

This PSA is effective in deterring drinking and driving.

Very Effective
Effective
Somewhat Effective
Neither Effective nor Ineffective
Somewhat Ineffective
Ineffective
Very Ineffective

I recall previously viewing this PSA.

Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

After viewing this PSA, I am more likely to refrain from smoking.

Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

I think others who view this PSA are more likely to think twice about smoking.

Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

I think others who view this PSA are more likely to stop smoking.

Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

I think others are likely to pay attention to this PSA.

Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

This PSA is relevant to your life.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

This PSA is effective in deterring smoking.

- Very Effective
- Effective
- Somewhat Effective
- Neither Effective nor Ineffective
- Somewhat Ineffective
- Ineffective
- Very Ineffective

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VITA

Katharine Claire Gavin was born in Oscoda Township, Michigan, to Christopher and Patricia Gavin. Katharine, a recipient of the Koniag academic scholarship, earned her bachelor's of mass communication from Louisiana State University in 2008. Katharine began work toward her master in mass communication from Louisiana State University's Manship School of Mass Communication in the Fall of 2008. During her graduate education, Katharine served as a graduate teaching assistant for the mass communication department. In the summer of 2010, Katharine traveled to Anchorage, Alaska, after receiving the Koniag-Exxon Mobil internship scholarship, the first ever to receive the honor. Katharine received her master's of mass communication in December 2010.