

THE IMPACT OF PUBLIC SERVICE ADVERTISING

By Charles Atkin and Laura Schiller

Over the past six decades, thousands of mass media campaigns have featured public service advertisements (PSAs) asking Americans to prevent forest fires, refrain from smoking, curb violence, talk with children, pick up trash, get off drugs, and everything else in between. Regardless of the message, there is one inevitable question that is asked by almost everyone who considers launching or supporting a PSA campaign: “Do they work?” And the even more inevitable answer is: “It depends.” It depends upon whether the goal of the campaign plays to the advantages of the mass media, who the members of the target audience are, how well the creative “speaks” to them, how much exposure the message receives in the media, and how well the PSA is supplemented by other efforts.

The elusive ideal in public education campaigns is the magic bullet, where the right message is sent through the right channels to the right target with impressive results. Lawrence Wallack, a professor of public health at the University of California at Berkeley, refers to this scenario as the “media fantasy.”¹ And with good reason. A review of more than 100 public service campaigns launched over the past decade indicates a wide range of results: some seem to achieve relatively high levels of success, others do not appear to register any effect at all, and most yield minimal to moderate results.*

While this conclusion – that, under the right conditions, PSA campaigns can have real, if limited, effects – is widely accepted, it is hardly universal or long-standing. Since public service campaigns first hit the airwaves almost 60 years ago, there have been shifting opinions and heated debates about the role that PSAs can play in tackling our most pressing social issues. In the first years of public service advertising, audiences were inundated with messages supporting the World War II effort, including such classics as “Loose Lips Sink Ships,” and many social scientists at the time were convinced that these new campaigns could have a powerful influence. Over the next decades, despite the reported success of Smokey Bear and other celebrated PSAs, more skeptics started raising their voices, and articles came out with titles such as “Some Reasons Why Information Campaigns Fail.”²

That question was turned on its head almost 25 years later by another researcher who, in his own article, outlined “Some Reasons Why Information Campaigns Can Succeed,”³ reflecting a growing consensus about the ability of PSA campaigns to achieve certain types of results. It was during that time that the Stanford Three Community study showed that an intensive media campaign, when combined with other efforts, could help reduce cholesterol levels, blood pressure, smoking, and other risk factors for heart disease.⁴ The Stanford project “has been among the most successful communication campaigns,” notes Everett Rogers, the Regents professor of communication and journalism at the

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University of New Mexico. “Why? It was financially well endowed, intensive, and multiphased over a long time period; it used formative evaluation, utilized the mass media efficiently to initiate interpersonal communication, was very daring and original in its concepts and implementation, and was run by a very prestigious organization; and skilled people from different disciplines were integrated in a team effort. Unfortunately, all these conditions are seldom found in other media campaigns.”⁵

Of course, there is one big problem with resolving ongoing debates about the effectiveness of PSA campaigns. While social science research in this area has progressed in scope and sophistication over the years, it remains sparse and rarely definitive. For one, post-campaign evaluations like the one done at Stanford can be prohibitively expensive, especially for non-profits which often struggle to afford the cost of producing their PSAs in the first place. It’s also challenging to accurately measure the effects of a public service campaign. When evaluating these efforts, it’s often impossible to control who sees the ads, because decisions about when they run are usually made by stations donating the airtime. Changes often evolve slowly or happen indirectly, in part because of new laws that are passed or other shifts in the social environment. Moreover, these campaigns often have many different facets – including policy initiatives, classroom education, physician recommendations, media coverage, and grassroots advocacy – which makes it harder to isolate the impact of public service advertising alone.

When PSAs are examined by themselves, unless the evaluations are comprehensive, the results still may only tell part of the story. Focus group research, for example, can help shape and test a message before the campaign launches, but, in the end, these sessions can’t measure whether the public’s attitudes or behaviors have actually changed. Likewise, analysis of data bases – for example comparing changes in attitudes or behaviors to how many times an ad played – won’t shed any light on how the quality of the message might have influenced a campaign’s eventual success or failure.

Indeed, even the very definition of success is open to wide interpretation in a PSA campaign. Most commercial advertisers seek to create brand images or shift brand preferences, and, because of the sheer size of the market, even a small change in buying patterns is usually enough to make a lot of money for a given company. While it’s tough for even commercial advertisers to measure their results precisely, getting people to buy Coke over Pepsi is very different from changing their attitudes and behaviors concerning drugs, alcohol, teen pregnancy, and other complicated social problems. “Different people have different definitions of ‘success’ for mass media health campaigns,” explains Warren Ashley, former chairman of the Entertainment Industry Coalition on AIDS. “In fact, defining success is often quite problematic. Is it the number of public service announcements produced, the number of times automobile seat belts are worn on the television screen, use or nonuse of alcohol on the television screen, the change in attitudes of the viewers, or the actual behavior change of the viewers?”⁶ Indeed, when PSA campaigns are countering the impact of wealthy adversaries, such as tobacco companies, even maintaining the status quo might be viewed by some as a success.

Defining and measuring success has become even more complicated as the media landscape continues to shift. When Smokey Bear made his debut, he could reach most Americans by appearing on three broadcast channels. While today’s splintered media market makes it much tougher to move an issue onto everyone’s agenda, it is now possible to target segments of the population. There is also the question of the impact of a PSA campaign purchasing airtime, rather than relying on donated time from broadcasters. “Whereas commercial advertisers ‘pay’ for space and hence are guaranteed control of the placement and timing of their messages in the

media,” explain Charles Salmon and Lisa Murray-Johnson, professors at Michigan State University, “publicity agents and public service campaigners are said to ‘pray’ for space.”⁷ No doubt, there is still a lot of praying going on when PSAs are sent to stations, but there have been more exceptions to that rule in recent years, most notably the efforts by the White House Office of Drug Control Policy, which is spending \$1 billion to steer young people away from drugs, and by states such as Florida, Massachusetts, and California, which have invested millions in successful antismoking campaigns. When trying to determine what works, how do researchers compare the effectiveness of these paid PSA efforts with their traditional donated counterparts?

Despite these obvious limitations, however, looking across the literature, some important lessons can be drawn about the characteristics that often define effective public service campaigns today. From the beginning, successful campaigns pick realistic goals that play to the strengths of the mass media, and then select target audiences most likely to help reach those goals. “Usually campaigns do not achieve success because of unrealistic goals,” notes Rogers. “Goals of 40% or 50% changes in human behavior are impossible. More reasonable objectives might be 3-5% change in a reasonable time frame of several years.”⁸

Even these modest goals often require the involvement of the mass media. As far back as 1865, in his *Coming to America*, Alexis de Toqueville predicted that the media would be the best way in this increasingly pluralistic society to unite people in common purpose. He said, “This can only be habitually and conveniently effected by means of a newspaper; nothing but a newspaper can drop the same thought into a thousand minds at the same moment.”⁹ Since then, we’ve added radio, television, the Internet, and other emerging mediums to the mix, but the role of the mass media in raising awareness about important topics is just as important today.

While researchers have seldom tested the impact of individual public service spots under realistic field conditions, one such experiment was conducted using television PSAs from the “America Responds to AIDS” campaign. In two TV markets, the spots were played for three nights on the late night newscast of one station. For those who watched the newscasts featuring the AIDS messages, the proportion citing AIDS as an important issue increased from 15 to 24 percent. There were no changes in those who did not see the spots.¹⁰ This kind of campaign plays to the strengths of the mass media, which is more effective in raising awareness than in changing fundamental behavior. Such awareness campaigns can trigger action among already predisposed segments of the population, who may, for example, now be more inclined to avoid a contaminated food product after reading a story about some of its risks. They can foster interpersonal communication about the topic, such as the young minority women who read AIDS messages and were more likely to communicate with a partner about condom use.¹¹ They can also prompt individuals to find out more information about the issue from in-depth sources such as Web sites, books, counselors, opinion leaders, and 800 numbers. In fact, smoking cessation PSAs often produce a brief spike in calls to telephone helplines.¹²

When campaigns do seek to change behavior, their success often depends on the type of behavior they are attempting to influence. Leslie Snyder, a professor at the University of Connecticut, looked at 48 health campaigns involving more than 168,000 people.¹³ She and her colleagues concluded that 7 to 10 percent more people in the communities targeted by the campaigns changed their behavior. However, the effects are more than twice as strong (12%) for adoption of a new behavior such as exercise and dental

care than for stopping a current habit (5%) such as smoking, binge drinking, and risky sex. Those campaigns promoting health services such as cancer screening or hypertension treatment achieved a modest impact (average 7%). A campaign has a higher chance of success when it chooses goals that offer the greatest benefits to people and require the least amount of sacrifice from them, such as stopping littering or buckling a seatbelt. In West Virginia, after a “1% or Less” dietary campaign focused on the simple message of drinking low-fat milk, supermarket purchases of this product more than doubled.¹⁴ On the other hand, the most comprehensive smoking cessation campaign – the COMMIT project, sponsored by the National Cancer Institute – produced only a slightly higher quit rate, which was mostly among light to moderate smokers.¹⁵

Campaigns can increase their effectiveness by focusing on the audiences most favorably disposed to their messages. For example one of the highest priority targets for the ONDCP’s \$1 billion antidrug campaign is the healthy core of young people who are already resisting drug use, and need positive reinforcement to continue on this path.¹⁶

Some experts, however, believe that focusing too much on individual behavior puts the onus of responsibility on the “victim,” while deflating attention from the many factors in the environment that foster such behavior. When trying to reach at-risk young people, for example, campaigns may achieve greater results by educating and empowering their coaches, parents, teachers, police officers, friends, siblings, and others in a position to influence them. Moreover, proponents of media advocacy techniques believe that it is necessary to combine community

organizing and media publicity to advance the public policies that can ultimately shape personal behavior.¹⁷ “The key issue is how best to use the mass media to stimulate change in the broader social and political context in which health behavior takes place,” explains Wallack. “This means trying to alter not the behavior of individuals with problems but the behavior of those whose decisions largely determine the information environment in which individuals make health decisions.”¹⁸ This media advocacy strategy relies heavily on agenda setting, a process by which increased media attention to a particular issue shapes the priorities of the public and its policy makers. Consider the case of drunk driving prevention. Amid sustained news media attention and periodic large PSA efforts, the prevalence of drunk driving has decreased substantially over the past two decades. Nevertheless several studies have shown little direct impact of the media on drunk driving behavior.¹⁹ Instead change may have happened indirectly, with the media producing a strong effect on drunk driving legislation during the 1980s and early 1990s, which in turn improved drunk driving practices.²⁰

Ironically, one of the most important lessons research into public service campaigns has taught us is that with certain goals the media alone is often insufficient to achieve substantial results. In the Stanford heart disease campaign, the best results were found in the community that used both the media and other tactics. More than two decades later, the same lesson was clear in the MPowerment Project, an HIV prevention campaign attempting to change risky behaviors among young gay men.²¹ While there was a small publicity campaign, the primary intervention focused on outreach by young gay men themselves, who encouraged their peers to engage in safer sex and to participate in social and educational programs. Following the eight-month project, the proportion of men engaging in sex with non-primary partners decreased almost by 50 percent.

Once a campaign has identified a target audience, it is critical that it develops messages that most effectively “speak” to the group. “If I could give them [PSA campaigns] any advice, it would be, number one: do what you’re doing very, very well,” notes Peggy Conlon, the president and CEO of the Ad Council. “Execute your messages and your creative and make sure you have the highest quality that you can possibly deliver when it comes to the PSA model itself, because that will help you compete.”²² That means, first and foremost, understanding the audience. “Those who develop mass media health campaigns often do not really understand their audiences,” says Robert Hornik, the Wilbur Schramm Professor of Communication and Health Policy at the University of Pennsylvania’s Annenberg School for Communication. “Many times creative people get together and decide that they have a great way of reaching a particular target audience. Sometimes they are right, but often what they are doing may not be responsive to the target audience’s needs and interests, and, if so, the campaign will fail.”²³

In the early stages of campaign development, designers can increase their chances of success by collecting background information about what members of the audience already think and know, how they get their information, what kinds of messages they prefer, and how they react to different kinds of messengers and appeals.²⁴ As campaigns refine their message concepts and begin developing their initial creative, focus groups comprised of the target audience can provide qualitative reactions, and message-testing labs can give more quantitative ratings. Getting this kind of pretesting feedback before final production can be essential to finding out if the message is working, not to mention helping to resolve the inevitable differences of opinion between policy experts and creative professionals. The fact is, what works in one campaign may backfire in another. In pre- and postproduction testing, campaigns may find out that the clever creative, while potentially award winning, doesn’t register at all with

their audience. Or alternatively, that the perspective of the experts doesn’t translate into messages that resonate with the average viewer. They may find out that a credible spokesperson for one issue is a liability for another. A doctor may communicate trust and expertise in one campaign, and be perceived as boring in another. Sometimes a victim may be compelling in one instance, but damaging in another. For example, according to Jim Margolis, senior partner at Greer, Margolis, Mitchell, Burns and Associates, a communications firm in Washington, D.C. that has conducted many public education campaigns, in an antidrug campaign, it may be more effective having a third party, instead of the first person, tell the stories of substance abusers because viewers may blame them for their fate, and therefore not find them sympathetic. In this case, Margolis says, “letting someone else paint the picture may be more impactful.”²⁵

In some circumstances, celebrities from the entertainment or sports worlds can attract attention to otherwise dull or distressing topics. The “I am Your Child” campaign was intended to educate the public about the importance of early brain development, a task made much easier by its spokesperson, director Rob Reiner. Reiner was able to get ABC to run a one-hour, prime-time special on the topic. *Good Morning America* did a week-long series. *Newsweek* put brain research on its cover. “With the exposure of Rob Reiner, [campaign officials] were able to move this issue light years ahead of where it would have been,” notes Elizabeth Burke Bryant, the executive director of Rhode Island Kids Count. “They were able to give it panache and style in a way that national research studies usually don’t do.”²⁶

While celebrities are often seen as trustworthy, they are much more effective when they have personal experience with the issue – whether it’s basketball star Magic Johnson speaking out about AIDS or singer Barbara Mandrell talking about safe driving. “Celebrities are most effective when their life experience is somehow connected to the message you’re trying to communicate,” says Margolis. “If you had someone who grew up poor, couldn’t afford health care as a child, and is now speaking about why it’s important to enroll kids in CHIP (the Children’s Health Insurance Program), that has substantial meaning. On the other hand, if it’s ‘I’m not a doctor, but I play one on TV,’ they may capture attention, but audiences also may start thinking, ‘why am I listening to this person if he has no experience with the problem.’”²⁷

It should be noted that when a campaign is closely associated with celebrities, it can rise or fall with their reputations. “It is a problem these days to find role models who are untainted by scandal,” notes Marcy Kelly, former president of Mediascope, which has produced PSA campaigns. “It is even more difficult to find role models who will likely remain trouble free. There are not many people who teenagers respect and look up to as heroes, and sometimes these people’s images are in conflict with the desired health message.”²⁸ Many networks use their own on-air celebrities for their PSA campaigns, arguing that they are both attention-grabbing and effective spokespersons for these topics. Critics of this trend counter that these ads are more about promoting the network than educating the public. Similar questions arise when the messenger is not a person, but a corporation or other institution. When alcohol and tobacco companies, for example, sponsor messages about underage smoking or drinking, they can gain some credibility by appearing to argue against their own self-interest. However, audiences may also be suspicious of a company’s underlying motives. Researchers found that brewer ads promoting alcohol moderation or warning about drunk driving were primarily perceived by youthful audiences as self-serving attempts to enhance the company image by appearing to address the problem. Moreover, while the messages did make a minor contribu-

tion to learning about drinking-related problems, audiences also perceived them as having pro-drinking themes.²⁹ This can be a problem for the government as well. “For example, in the case of the interrelation of drug abuse and AIDS, the U.S. government lacks credibility with drug addicts,” notes Rogers. “It seems unlikely that these individuals will now perceive the federal government as their ‘helpful friend.’”³⁰

Another question facing PSA campaigns is what kinds of appeals to use. The best campaigns use a variety of appeals, both positive and negative. Recently, when researchers looked at dozens of studies examining messages about health risks, they found that, in general, stronger fear appeals are more effective than milder ones in changing attitudes and behaviors.³¹ Still, there is much controversy about fear tactics. “Fear appeals can be effective in a health campaign if an appropriate *outlet* for the fear is then provided as part of the campaign activities,” acknowledges David McCallum, former deputy director of the Center for Risk Communication at Columbia University. “In general, we should be very careful when using fear appeals because they often have negative outcomes.”³² Such appeals can backfire when the descriptions are overly vivid and severe – disfigured crash victims, smokers with black lungs, skeletal AIDS patients. Exaggerated claims can also undermine the credibility of the messenger, or altogether desensitize audiences. What’s more, researchers have consistently found that using fear appeals is not effective without an “efficacy” component; that is, unless audience members are given advice about how to reduce the danger, and the confidence that they can do so.³³ “The key to effective fear appeals is that they should not develop a high level of anxiety,” explains Wallack. “A quick, accessible outlet also should be provided for the resolution of the anxiety or to reduce fear,” he notes, giving the example of AIDS campaigns that combine fear appeals with messages about safe sex.³⁴

In general, the most effective creative appeals cater specifically to the characteristics of the target audience. In the case of fear appeals, fear of death and injury are not as effective with young people as fear of rejection, fear of social embarrassment, and fear of getting caught by parents. “Teenagers are not concerned with long-term health effects,” explains Kelly. “They are more concerned about short-term and immediate effects. They worry about bad breath or yellow fingers from smoking rather than about lung cancer at the age of 50.”³⁵ Formative research can shed light on the most effective types of appeals for a given population. In the 1990s, as concern over school shootings and other forms of youth violence grew, public service spots on the topic appeared on the major broadcast networks, as well as youth-oriented cable channels such as MTV, Nickelodeon, and HBO. In 1999, Borzekowski and Poussaint showed four of these antiviolence TV spots – “Stray Bullet” (HBO/Warner), “Boy Rapper” (MTV), “Good Kids” (HBO/Warner), and “Clinton” (Ad Council) – to samples of urban, suburban, and rural teenagers, and measured the results. The reactions to the messages were varied, depending upon factors such as gender, ethnicity, geography, knowledge, attitudes, and experiences with violence, reinforcing the importance of carefully adjusting the content and style of messages to their target audiences.³⁶ That is what many antidrug campaigns have tried to do. Some researchers point out that young people who have a high need for sensation and arousal in their lives are much more likely not only to use drugs, but also to prefer highly stimulating TV messages with novel formats, extreme close-ups, frequent editing cuts, fast-paced movement, sound effects, intense music, and suspenseful dramatic portrayals.³⁷

In the end, however, it doesn’t matter how perfect the message is if it never reaches the audience. “Audience bombardment is the key to a successful media campaign,” notes Jacqueline McDonald, former president of the Scott Newman Center in Los Angeles, which uses the media for its drug-prevention efforts. “This means using all the media avenues available over an extended period of time, and coordinating the various channels in as many ways as possible.”³⁸ So, how much is enough? Again, it depends. As a general rule, it might only take seeing a message a few times before the most receptive people can recognize the catchiest slogan, or learn a new fact, or perform a relatively easy task. However, if a public service campaign wants to achieve the same effect with half of the audience members, the message probably needs to reach them about 10 times. Advertisers measure this kind of exposure in gross rating points. A hundred points means that 100 percent of your target audience has seen that one message one time. According to Margolis, while there is a lot of variation depending on the goals of the campaign, on average, “[A person] needs to hear the message between eight-11 times to have it register.”³⁹

With changes that are harder to achieve – moving beyond basic education to reducing marijuana use, for example – even a saturation level of more than 100 exposures every year may not elicit dramatic changes. As a general rule, the more an audience sees or hears a message, the better the results. However, after a certain amount of exposure, the campaign can reach the point of diminishing returns. Some of that is because, by that time, it is focusing on the people who are the hardest to reach and motivate. Additionally, the message itself starts to wear out, making it important for campaigns to have a variety of themes and appeals. In fact, often a large number of messages never reach their intended audience, because that audience is distracted or, in this era of fragmented media, isn’t watching a particular channel at all. While Smokey Bear and his contemporaries could reach mass audiences by appearing on just three networks, today it’s rare for any media vehicle to be able to reach more than 10 to 20 percent of the public on a given day.

Trying to reach the target audience with any great frequency is especially challenging for PSA campaigns, which usually have no control over when their donated messages will play, or if they will play at all. That problem has led some campaigns to start buying airtime in recent years, in order to have more control over the frequency and placement of their messages. Thus far, some of these efforts, not surprisingly, have led to impressive results. One review of antitobacco media campaigns concluded that in three states where paid PSAs were given heavy media exposure not only did they help raise awareness, they also reduced teen smoking, in part because they helped spur policy initiatives such as increased tobacco taxes.⁴⁰ In Florida, initial reports of the well-funded “truth” campaign showed that it had helped decrease youth smoking by 19 percent.⁴¹ Adolescents exposed to the Massachusetts paid PSAs were half as likely to have taken up smoking.⁴² In California, after the state spent \$26 million in the early 1990s, primarily for paid TV and radio spots and outdoor ads, half of the young people and two-fifths of the adults could recall one of more of the TV PSAs.⁴³ This media campaign led to a 2 to 3 percent decrease in cigarette sales, an estimated reduction of 232 million packs over a two-and-a-half-year period or a 7.7 pack reduction per capita for every \$1 spent on the messages.⁴⁴

For both financial and strategic reasons, some groups are turning to new approaches to reach their audiences with public education messages. One such model involves forging direct partnerships with media outlets. Such arrangements allow nonprofits to create messages for a unique target audience and to negotiate a commitment from the networks to air them frequently and during periods of high viewership. The Kaiser Family Foundation, for example, has conducted safer sex PSA campaigns in partnerships with MTV and BET for a number of years. Messages developed jointly by the

networks and the Foundation have generated millions of calls to toll-free hotlines providing free materials and referrals and visits to Web sites from those seeking additional information. A survey of callers to the MTV campaign hotline found that six in 10 (61%) young people had talked to a partner about a sexual health issue; 18 percent reported getting tested for HIV or another STD; 16 percent had visited a health care provider; and 15 percent began using birth control or switched methods because of the campaign with MTV.⁴⁵

In an effort to increase earned media, and thereby get their message out in a more cost-effective way, campaign publicists may feed story ideas to journalists, use celebrity spokespersons or survivors who are likely to get more press attention, or capitalize on the news of the day. That was certainly the case with the Family Violence Prevention Fund’s campaign against domestic violence, which was released, to great attention, during the O.J. Simpson trial. That campaign’s ads, created in partnership with the Ad Council, were played 14,000 times during the first four months, which compares with the Ad Council average of 1,100 times per month.⁴⁶ “Unfortunately, an important factor in a campaign’s success is how exciting or how “hot” the topic is in the media’s eyes and in public opinion,” notes Elaine Bractic Arkin, an expert on health communication and social marketing programs. “So the timing of the campaign is important: A campaign has to be implemented at the right time, by the right people, having the right connections.”⁴⁷

In the past decade, more campaigns also have taken a page from the product placement rule book and, instead of putting cars or sodas into entertainment programming, they are embedding messages about safe sex, conflict resolution, designated drivers, and other similar topics – often with substantial success. The entertainment-education model itself isn’t new. It began in Peru in 1951, where the Soap Opera, the *Archers*, tried to educate the public about agricultural development. In 1969 another soap opera, *Simplemente Maria*, showed how a migrant, Maria, became successful by working during the day, taking adult literacy classes at night, and using a Singer

sewing machine. In the aftermath, there was a dramatic increase in the number of girls taking literacy classes, not to mention in the sale of Singer sewing machines.⁴⁸ In this country, Norman Lear used his program, *Maude*, to explore the difficult issue of abortion in the early 1970s. And the sitcom *Happy Days* took on literacy. “When Henry Winkler of *Happy Days* took out a library card, the next day U.S. libraries got thousands of requests for library cards,” remembers writer, director, and producer Fern Field Brooks. “We have to look for media messages that groups of people are really susceptible to, as Henry Winkler’s behavior seemed to have an impact on American teenagers.”⁴⁹

These days, foundations, governments, nonprofits, and others are all getting into the act. In June, the *New York Times* published a story about the Centers for Disease Control and Prevention’s (CDC) efforts to put “positive health messages” into television shows.⁵⁰ In a segment of *Beverly Hills 90210*, one of the characters, Steve, is bragging about his tan, when his girlfriend points out a troubling mole on his neck. He takes to the beach with a megaphone to tell his peers to use sunscreen to avoid skin cancer. “We thought *90210* was a great opportunity to not only reach young adults, but also the teens who idolize those young adults,” explains Dr. Cynthia Jorgensen, who runs the CDC’s cancer education campaigns.⁵¹

Proponents of this tactic point out that people watching TV develop relationships with characters, and often trust their advice more than an unknown spokesperson for a PSA campaign. These kinds of messages are very inexpensive to produce for nonprofits, because virtually all the costs stem from the time spent working with the programming outlets. In fact, some think nonprofits should look at developing entire programs themselves. “We must find ways to finance the production of films like *Stand and Deliver*, which cost only about \$1 million,” explains Kelly. “This movie was much more effective in keeping kids in school than 10 PSAs saying, ‘Stay in school.’”⁵²

Still, there are some drawbacks to the overall entertainment-education model. It's easier to address some topics than others. It's often easier, for example, to insert a line about skin cancer, or even designated drivers – “So, who's going to be the designated driver tonight?” – than it is to devote a large portion of an episode to a topic such as AIDS.⁵³ In addition, some are troubled by the blurring of lines between policy and entertainment, especially when the government is involved. Moreover, few shows have the reach of a *Beverly Hills 90210* or an *ER*, which makes ensuring and measuring success much more difficult.

Even so, some studies are showing the effectiveness of this approach. For many years, daytime soap operas such as *All My Children* and *General Hospital* have included health-related issues such as AIDS, diabetes, and bone marrow testing into their storylines. The *New York Times* article notes that “a 1999 survey by Porter Novelli...found that 48 percent of the people who watched soap operas at least twice a week learned something about diseases and how to prevent them.”⁵⁴ The results were similar for a study published this past January by the Kaiser Family Foundation, which evaluated the effects of information about emergency contraception and human papilloma virus (HPV) being discussed by characters in the television drama *ER*. After watching the show that included references to HPV, awareness about this sexually transmitted disease among audience members tripled.⁵⁵ In another episode, a patient who has been the victim of date rape explains that she's heard there are some pills she can take after unprotected sex that will reduce her chance of becoming pregnant. Her entire story lasts three minutes, and her discussions about using birth control pills for emergency contraception last approximately 20 seconds. Among viewers, awareness of emergency contraception increased by 17 percentage points in the week after the episode, but had returned to its previous levels within two months – rein-

forcing the importance of message repetition over time and across channels of communication.⁵⁶ The producers of many such programs believe including these messages is important. “This whole thing about how we are only here to entertain, that drives me nuts,” says Dr. Neal Baer, a pediatrician, former producer of *ER* and co-author of the Kaiser Family Foundation study. “We know that people see things on TV that are related to health, and they are going to be affected by it.”⁵⁷ But when it comes to PSAs, the nagging question for their sponsors continues to be: just how will people be affected?

Over the past half century, research by social scientists, public health officials, and advertisers has shed light on some key characteristics of effective public health campaigns, and in so doing, influenced their evolution and, hopefully, their success.⁵⁸ While the “magic bullet” is still just a fantasy as far as PSAs are concerned, research has reinforced the importance of identifying realistic goals, receptive audiences, and effective messages – and then exhausting every possible media channel to make sure those messages reach members of the target audience enough times. Research has shown how to play to the strengths of the mass media, which can have a significant impact in raising awareness or imparting new knowledge. At the same time, increasingly, such studies have pointed to ways that campaigns also can use the media to reach policy makers and other influential individuals who can alter the entire environment, as well as to energize the campaign's supplemental programs and policies, which in some cases can be more effective.

However, if public education campaigns are going to achieve success in this increasingly crowded and segmented media landscape, much more research is needed. While individual campaigns often conduct research that spotlights what worked for

them, that information is seldom shared, or even directly applicable to other efforts. Conversely, most of the published evaluations of public service campaigns provide little useful information about which of its components actually led to the measured impact. The typical field experiment simply compares treatment communities that were part of an entire multifaceted campaign with control communities, which receive nothing at all. This design does not permit an adequate answer to the question that every PSA campaign wants to know before it starts: “What works?”

To answer that question with more confidence and precision in the years ahead, future research must examine, for example, the impact of various quantities of campaign messages. It should seek to pinpoint the minimum volume of messages needed to reach many key goals, and the exact point at which, after much repetition, the returns diminish. There is also a need to find out the optimum mix of appeals. Most campaigns use multiple appeals, but little is known about the most effective combination of positive and negative messages, or the relative impact of fear appeals versus other negative appeals. Then there is the question of whom to target in the first place. As noted, in addition to targeting the individuals campaigns seek to ultimately help, some media efforts are increasingly trying to reach influential people in their lives, and media advocacy approaches are focusing on shifting the priorities of the general public and policy makers. But, as of yet, the best balance among such targets and tactics has yet to be identified.

Finally, more research needs to explore the relative effectiveness of all the emerging mediums, as well as the various ways of disseminating messages within them. We need to compare the cost-effectiveness of paid PSAs to traditional donated public service messages; look at PSAs versus news publicity and entertainment inserts; see how TV compares to not only radio, print, and billboards, but also to Web sites and other new media outlets; and look at how mass communication contrasts with personal outreach.

The world has changed dramatically since messages such as “Loose Lips Sink Ships” and “Only You Can Prevent Forest Fires” first started coming into our living rooms, asking us to take steps to improve our health and lives, our communities and country. The splintering of the media, the cacophony of messages we are increasingly exposed to, the use of new tactics to reach the public, all have given rise to both new opportunities and challenges for PSA campaigns. But whether public service advertising succeeds in this new environment will depend upon the questions we ask, and, even more, on the questions we answer, in the months and years ahead.

Charles Atkin, a foremost expert on health communication campaigns, is the University Distinguished Professor and the chair of the Department of Communication at Michigan State University. He is the author of many articles and books examining the effectiveness of public education campaigns.

Laura Schiller, a former senior speechwriter at the White House, is a writer and communications consultant who has worked on public service campaigns in both the government and nonprofit sector.

ENDNOTES

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