Public Service Announcements:
How Can We Make Them Effective?

On Monday of this week (January 29, 2001), I had the pleasure of attending one of the workshops in The Health Communication Unit's (THCU) annual Special Topics series – Evaluating Public Service Announcements. The facilitator was Dr. Charles Atkin, professor and chair of Michigan State University's (MSU) Department of Telecommunication. He has taught at MSU since 1971, and began serving as Chair in 1997. He currently holds the title of University Distinguished Professor. He teaches and conducts research on mass communication campaigns, particularly in the health domain. His current grant from the Robert Wood Johnson Foundation focuses on Alcohol Advertising.   His credentials are a PhD in Mass Communication from the University of Wisconsin and a BA in Communication from Michigan State University.

I found the content of Dr. Atkin's presentation very rich and practical, and I am excited about applying and sharing the information. Though I cannot capture everything from his three hour presentation in the space allowed here, I will at least try to summarize his main points. If you are interested in receiving more information, please contact me at THCU (j.thesenvitz@utoronto.ca), and I would be happy to fill in any gaps.

In order to be effective, a public service announcement (PSA) must
1. have a clear and realistic objective;
2. be designed for, and tested with a specific focus audience;
3. have a number of qualitative features including:
    a. an appropriate type of appeal;
    b. an appropriate messenger;
    c. credibility;
    d. understandability;
    e. relevance;
    f. high quality mechanical construction;
    g. high quality creative execution.
4. be distributed using channels and vehicles that are suitable for the focus audience and the chosen objective.
5. be distributed in substantial quantity/with substantial frequency to ensure that the focus audience is adequately exposed to the message.

I will discuss each in turn below, using Dr. Atkin's handouts and my notes from the presentation.

1.   Selecting Clear and Realistic Objectives

PSAs are generally developed for one of three reasons: to prevent a behaviour from starting; to stop a behaviour (cessation); or to encourage adoption of a new behaviour.

This is difficult to accomplish, as changing behaviour is a complex process. In addition to increasing awareness and knowledge about a problem, you must convince a person that the problem is relevant to them, then change their beliefs, attitudes and often core values. Finally you must bring them to the point where they intend to change their behaviour and give them the skills to carry it out.

When using mass media behaviour change is even more difficult to accomplish. Many years of experience has shown that even in large, expensive, carefully controlled and monitored campaigns, getting people to change their behaviours by trying to impact on these intermediate steps on the way to behaviour change (awareness, knowledge, perceived relevance, beliefs, attitudes, values, behavioural intentions, skill building), is challenging. Current research shows that, very rarely, are we having any effect on behaviour, and when we are, it is limited (for example, a well designed and disseminated campaign might be expected to reduce smoking from 25% to 21% of the population).

Impact, is of course, highly variable, depending on the complexity of the behaviour, the readiness/receptivity of the audience and the quality and quantity of the messages. Also, some types of objectives are easier to accomplish via mass media, than others.

Dr. Atkin divides all messages into three types: persuasion, instruction and awareness-raising. Persuasion messages include attempts to impact on beliefs, attitudes, values, behavioural intentions and behaviours themselves. These are the most difficult to accomplish using mass media. Instructional/skill building messages are also difficult to do using mass media, as time is normally limited and the interaction necessary to correct mistakes and answer questions is not available. The final type is awareness-raising. Dr. Atkin suggests that perhaps we should focus primarily on awareness-raising PSAs, since they are the most likely to show an effect and can prepare the audience for future messages, in formats other than mass media, that focus on skill building or persuasion.

The following are examples of suitable objectives for awareness-raising PSAs.
- Create recognition of a topic or practice.
- Convey that the health problem is important.
- Convey simple forms of new information regarding the health topic.
- Trigger activation of a behaviour change among favorably disposed audiences.
- Foster compliance with social influences or policies.
- Stimulate interpersonal communication about the topic.
- Encourage further information-seeking about the topic.
- Sensitize individuals to subsequently encountered messages (outside the campaign).

Thus far, we have looked only at directing messages at the audience whose behaviour we hope to change. In fact, there is evidence to show that working with the mass media to indirectly reach the audience may have more potential for affecting behaviours. For example, it may be more effective to target influential

community members, or opinion leaders, than the group who actually needs to change. This could include people such as parents, employers, doctors, journalists, friends, police, educators, entertainers. Through role modeling, these opinion leaders could affect behaviour change in the desired audience.

The media might also indirectly change behaviour by affecting public opinion and increasing problem salience in the minds of legislators, who can implement public policies that facilitate healthy behaviour and discourage unhealthy behaviour.

Though still the less common of the two broad approaches (direct and indirect), many public health academics and practitioners are starting to put a greater emphasis on working with the media to cause behaviour change through these indirect pathways, instead of directly targeting the audience whose behaviour they wish to change.

2.   Choosing a Specific Focus Audience

Focus audiences should be defined as narrowly as possible, as the more alike members of the audience are, the more likely they are to respond similarly to a given PSA. It is also important to identify relatively receptive groups that are more amenable to influence, and to consider whether your focus will be those whose behaviour you want to change, opinion leaders, or policy-makers.

Once the focus audience is chosen, keen attention should be paid to their needs and preferences as the PSA is developed and distributed. Members of the audience should be consulted at the outset (formative evaluation) to gather input for message design. Preliminary versions of messages should be tested to determine potential barriers to success, and audience outcomes should be carefully assessed to determine overall effects and isolate key contributing factors.

3.   Creating a Potent Message: Qualitative Features

To be successful, a PSA must first grab the attention of the intended audience. Then, the key message must be retained in the minds of the audience. To do this, it must use an appropriate type of appeal/incentive; use an appropriate messenger; be credible; be understood and be considered relevant by the intended audience. Mechanical construction and creative execution of the message, are also important factors in developing an engaging PSA

Choosing appeals/incentives

Rather than simply asking individuals to act in a specified way, it is preferable to present message content that links the desired health behavior to valued attributes or consequences that serve as positive incentives (or that links the unhealthy behavior to negative incentives). Appeals for complying with a recommendation should build on existing values of the target audience.

There are many types of incentives including physical well-being, time/effort, economic, psychological/aspirational, and social. The most frequently used type is physical health. Negatively-valued unhealthy outcomes (e.g., illness, injury, and premature death) tend to be featured more often than positive reinforcers such as lengthy lifespan, wellness, and fitness.

Beyond the realm of physical health, there are dozens of potential motivational appeals along other dimensions. In the social incentive category, drug campaigns can present negative appeals about looking uncool, alienating friends, incurring peer disapproval, losing trust of parents, or deviating from social norms. The constellation of psychological incentives might include reduced ability to concentrate, low grades, feeling lazy and unmotivated, losing control, making bad decisions, and anxiety about getting caught or experiencing harm, guilt, and loss of self-respect. Among the economic incentives related to drugs are diminished job prospects, fines, cumulative cost of purchasing drugs, and inability to spend on other needs and desires. Messages can also highlight penalties for violating laws and policies, such as incarceration, loss of driver's license, or suspension from school.

Negative appeals must balance the severity of the consequence with the audience's perceived vulnerability to that consequence. This means that people are most motivated when they believe there is a high likelihood that they will suffer a very painful consequence. In addition, threatening messages are generally more successful if the message provides instructional material demonstrating how to perform behaviors and boosting the confidence that the individual can do so successfully and material convincing the individual that the recommended behavior will reduce the danger.

When the designer is unable to offer any incentives that genuinely link a severe outcome with high probability, the next best approach seems to be to select a mildly severe incentive that is highly probable, rather than one that is very severe but improbable. In the case of drug campaigns, minor negative physical incentives might be loss of stamina, weight gain, or physiological addiction.

Campaigns should diversify by also presenting positive incentives. For each of the negative consequences of performing the proscribed practice, there is usually a mirror-image positive outcome that can be promised for performing the healthy alternative (e.g., avoiding drugs or enjoying a drug-free lifestyle). In the physical health dimension, messages can offer prospects ranging from a longer lifespan to enhanced athletic performance. Positive social incentives include being cool, gaining approval and respect, forming deeper friendships, building trust with parents, and being good role model. On the psychological dimension, messages might promise such outcomes as gaining control over one's life, positive self-image, attaining one's goals, feeling secure, or acting intelligently. Exaggerated rewards may work well as motivators, even though the likelihood is rare; just as negative strategies frequently use long-shot prospects of severe harm, positive approaches could promise lottery-type payoffs that are more believable to positivists. On occasion, the soft-sell approach attempts to associate the desired behavior with positive images.

There are dozens of persuasive appeals that are potentially effective, and the degree of potency is fairly equivalent in many cases. Rather than relying on a handful of incentives in a public service campaign, it's advantageous to use multiple appeals across a series of messages to influence different segments of the target audience (especially in media channels where precise targeting is difficult) and to provide several reasons for the individual to comply.

For messages about familiar health subjects, it is important to include some new appeals to complement the standard arguments. Pre-production research can test basic concepts to determine the absolute effectiveness of each one and to examine optimum combinations, and pre-testing research can compare the relative influence of executions of various appeals.

In conveying any appeal, it is often necessary to provide evidence supporting claims made in the message. The type of evidence that should be featured varies according to each audience. Sophisticated and highly involved individuals are more influenced by messages that cite statistics, provide documentation, and include quotations from experts, whereas dramatized case examples and testimonials by respected sources work better for those who are less involved. The message should demonstrate how the evidence is relevant to the situation experienced by the target audience.

In offering evidence, special care should be taken with the presentation of extreme claims (rare cases, implausible statistics, overly dramatic depictions of consequences), highly biased marshalling of supportive facts, and misleading information. These elements may strain credibility and trigger counter-arguing by audience members.

Selecting a messenger

The *messenger* is the model appearing in message who delivers information, demonstrates behavior, or provides a testimonial. The source messenger is helpful in attracting attention, personalizing abstract concepts by modeling actions and consequences, bolstering belief formation due to source credibility, and facilitating retention due to memorability. Typically, these categories of messengers are featured in health messages:

- *Celebrity* (famous athlete or entertainer)
- *Public official* (government leader or agency director)
- *Expert specialist* (doctor or researcher)
- *Organization leader* (hospital administrator or health association executive),
- *Professional performer* (standard spokesperson, attractive model, or character actor)
- *Ordinary real person* (blue-collar man or a middle-class woman)
- *Specially experienced person* (victim, survivor, or successful role model)
- *Unique character* (animated, anthropomorphic, or costumed).

Although health campaigners conventionally favor certain types of messengers, none is necessarily superior to others in all situations. In selecting the appropriate messenger, the crucial factor is which component of influence model needs a boost. For example, celebrities help draw attention to a dull topic, experts enhance response efficacy, ordinary people heighten self-efficacy, victims convey the severity of harmful outcomes, and victims who share similar characteristics of the audience should augment susceptibility claims. Atkin (1994) provides an elaborate discussion of strengths and weaknesses of various types of messengers.

Credibility

Credibility is the extent to which message content is believed to be accurate and valid. This is primarily conveyed by the trustworthiness and competence of the source messenger and the provision of convincing evidence.

Understandability

Understandability of the message contributes to recipient processing and learning. This is accomplished by presenting materials in a comprehensive and comprehensible manner that is simple, explicit, and sufficiently detailed.

Relevant

To influence behaviour, the presentation must be personally involving and relevant, such that the receivers regard the recommendation as applicable to their situation and needs.

High Quality Mechanical Construction

A number of technical aspects of message production are used by the message designer in structuring and highlighting the important material, primarily to help attract attention and facilitate comprehension and retention. Atkin (1994) discusses guidelines for constructing key elements:

- Theme line (concise representation of main idea with headline, slogan or question)
- Continuity devices (distinctive symbols providing common thread across message executions)
- Verbal copy (understandable vocabulary, sentence length, copy density)
- Arrangement of message elements (primacy vs. recency of key arguments)
- Physical dimensions (size of print messages or length of broadcast messages)
- Audio and visual factors (use of music or pictures)
- Technical production quality (sophisticated techniques and devices).

High Quality Creative Execution

Engaging styles and ideas help attract attention, by using stylistic features that are superficially attractive and entertaining (or arresting), and content that is interesting, mentally stimulating, or emotionally arousing.

Stylistic features are primarily employed to convey substantive ideas in an engaging fashion (via artistic devices such as parody, suspense, sensuality, and wordplay), and can augment the other key message qualities of credibility, understandability, and relevance (via features such as serious tone, memorable slogans, and emotionally involving scenes). Here are basic guidelines:

- It's generally effective to use entertainment-oriented stylistic approaches for increasing the *attractiveness* of the message. Many message designers *rely* on humor, which has advantages in certain contexts.
- *Clever stylistic devices* are a hallmark of health messages, especially the use of a play on words, ironic twist, or catchy slogan to attract interest and provoke thought.
- *Vivid presentation styles* such as lively language, striking statements, fascinating facts, and vibrant visuals (and alluring alliteration) are helpful in communicating with low-involvement audiences.
- Content should be conveyed in a *realistic and personalized* manner by depicting situations and models that enable the audience to connect the material to their own experiences.

- A serious *tone* is the safest strategy for delivering the substantive arguments, providing the messages are not overly preachy, boring, or bland.

- The *rational* style of presentation seems best suited for target responses in which the individual already perceives a need but seeks a solution, for target audiences who are more sophisticated and involved, for sources who are high in competence, and for print channels.

- *Emotional* appeals tend to work better in arousing drives and intensifying motivation by highlighting the severity of unhealthy outcomes or the rewards of healthy behavior

4.   Selecting Appropriate Channels and Vehicles

Campaign designers have a remarkably wide array of options for channeling health messages. There are myriad advantages and disadvantages of each channel and vehicle, which can be assessed along a number of *communicative dimensions:*

- *reach* (proportion of community exposed to the message)
- *specialization* (targetability for reaching specific subgroups)
- *intrusiveness* (capability for overcoming selectivity and commanding attention)
- *safeness* (avoidance of risk of boomerang or irritation)
- *participation* (active receiver involvement while processing stimulus)
- *meaning modalities* (array of senses employed in conveying meaning)
- *personalization* (human relational nature of messenger-receiver interaction)
- *decodability* (mental effort required for processing stimulus)
- *depth* (channel capacity for conveying detailed and complex content)
- *credibility* (believability of material conveyed)
- *agenda-setting* (potency of channel for raising salience priority of issues)
- *accessibility* (ease of placing messages in channel)
- *economy* (low cost for producing and disseminating stimuli)
- *efficiency* (simplicity of arranging for production and dissemination).

When disseminating health messages, designers most commonly rely on television, radio, newspapers, and printed materials, especially broadcast spots, press releases, and pamphlets. Appendix A outlines some key advantages of 24 channels and modes; below are features for several widely-used channel options:

- *TV PSAs:* Strengths include reach, intrusiveness, decoding ease; weaknesses include accessibility, safeness, depth capacity, and participation.

- *Newspaper articles*: Among the strengths are accessibility, reach, depth, credibility, agenda-setting, economy, and efficiency; major weaknesses are decodability and personalization.

- *Pamphlets*: Strong features are depth and participation; weak features are reach, decodability and personalization.

While these conventional channels are effective, a more diverse variety of channels, and vehicles may produce impressive results. Conceptually, channel selection is dictated by the usage patterns of the target receivers and the nature of the message. Pragmatically, the limited resources of the campaigner also play a

role. It's usually more feasible to stage a pseudo event that generates news coverage than acquire time or space in the ideal media vehicle, it's more feasible to achieve a minor product placement in an entertainment program than to capture the whole plotline, and it's more feasible to place a PSA on a low-rated mature adult radio station than a hot teen station.

Of course, certain health campaigns have secured sufficient funds to support paid advertising usually TV spots); this enables the campaign to overcome the most significant drawback of PSAs, which is accessibility to the broadcast channels. However, most campaigns have very limited monetary resources, and there are several other weaknesses of conventional options such as public service spots and pamphlets. Given these prevalent limitations, four promising alternatives can be implemented at relatively low cost and potentially high exposure and impact:

- Applying creative public relations techniques in news and information media.
- Embedding health messages in popular entertainment vehicles.
- Developing and promoting content in technologically advanced interactive channels.
- Utilizing the mini-media that are overshadowed by the glamour of broadcast media.

Creative publicity. Health campaigners have traditionally underutilized public relations techniques for generating news and feature story coverage in the mass media. Over the past decade, health topics have become increasingly central among journalistic priorities for newspapers, newsmagazines, and television newscasts. Moreover, there are opportunities for message dissemination in daytime TV talk shows and specialty magazines and cable channels.

Public relations in the health domain should move beyond the passive distribution of press releases by aggressively placing guests on talk shows, regularly feeding the feature writers with compelling story ideas, and creatively staging pseudo events to attract journalist attention (including the dramatization of health-related statistics using "creative epidemiology" techniques). A key tactic is to showcase compelling messengers such as celebrity spokespersons, government officials, and charismatic experts who have gained prominence, along with victims and survivors who provide a human interest angle.

In achieving impact on the audience, there are several advantages of public relations messages over pre-packaged stimuli such as PSAs, pamphlets, and web pages.

- Messages appearing in the informational media tend to have greater credibility than packaged messages that utilize an advertising format; this facilitates belief-formation regarding health consequences and acceptance of recommended behaviors.
- Individuals often use these media modes, so the campaign can achieve greater audience reach at a lower cost.
- Placements in the mainstream media can attract attention of key types of informal influencers, who can exert an indirect impact on the focal individuals.
- Health issues gaining visibility in the news media can benefit from the agenda-setting effect, whereby problems and solutions a perceived as more urgent and significant. This is particularly important in media advocacy strategies targeted to opinion leaders and policy makers in society.

Entertainment-education. The practice of embedding health-related material in entertainment programming (or creating entertainment programming as a vehicle for health education) has become

widespread in developing countries (Singhal and Rogers, 1999). Because the interesting and enjoyable style of presentation attracts large audiences and conveys information in a relevant and credible manner, this approach has proved to be quite successful in promoting health in Africa, Asia, and South America. Entertainment-education has been used sparingly in the United States, with narrow applications in efforts to promote the designated driver, safety belts, safe sex, and drug abstinence, along with child-oriented topics such as alcohol, occupational roles, and conflict resolution. Despite reticence on the part of the domestic entertainment industry (and recent controversy in the case of drug-related themes in TV shows), this practice has considerable promise for health campaigns.

Interactive media stimuli. There are now thousands of Web sites and CD ROM disks offering a wide array of health materials, and campaigns are increasingly utilizing this channel (Lieberman, 2000). In addition to the provision of pre-packaged pages and streaming video, the interactive capacity of these technologies offers a promising advance over standard media messages. Screening questionnaires can assess each individual's capabilities, readiness stage, stylistic tastes, knowledge levels, and current beliefs, and then direct them to narrowly-targeted customized messages that are precisely designed to address their needs and predispositions. Not only does this approach increase the likelihood of learning and persuasion, but it decreases the possibility of boomerang effects. Furthermore, entertaining interactive formats such as games are particularly well suited for youthful focal segments. An essential ingredient of success is the effective promotion of the sites and materials in order to attract the target audience.

Mini-media. Secondary media such as billboards, posters, flyers, banners, comic books, table tents, theater slides, bookmarks, buttons, shirts, and bumper stickers lack the glamour of a TV spot or the depth of a booklet, but these forms of communication can serve valuable functions in a health campaign at a fairly low production cost. As access to traditional channels becomes more difficult, campaign organizations may profitably invest the needed effort to disseminate these modest types of messages, which have the advantage of reaching narrow target audiences of focal individuals.

5.   Frequency

The elusive ideal in health campaigns is the magic bullet, where the right message appeal is sent through the right channel to the right target audience with impressive effects. Wallack (1989) refers to this unlikely scenario as the "media fantasy". In reality, the media operate more like a shotgun than a rifle, spraying tiny pellets across broad audiences. In certain respects, this scattershot approach may actually be functional for hitting the moving targets and reaching the evasive quarry. The primary implication, however, is that a large amount of messages must be disseminated in order to achieve meaningful impact. While not sufficient to ensure success without high quality content, substantial quantity is almost invariably a necessary condition for effective campaigns.

A good dissemination strategy considers the volume of messages, the amount of repetition, the prominence of placement, and the scheduling of message presentation.

- A substantial *volume* of PSAs is needed to attain adequate exposure. Moreover, maximum saturation conveys significance of the problem, which is an essential facilitator of agenda setting and heightened salience.
- Moderate *repetition* of specific PSAs may be needed to force low-involvement receivers to attend and process the message, but high repetition leads to wearout and diminishing returns.

- *Prominent placement* of messages in conspicuous positions within media vehicles (e.g., prime-time, back page) serves to enhance both exposure levels and perceived significance.

- To provide a common thread unifying the varied messages, the campaign should feature *continuity devices* (e.g., logo, slogan, jingle, messenger), which increase memorability and enable the audience to cumulatively integrate material across multiple impressions.

- Another quantitative consideration involves the *scheduling* of a fixed number of presentations; depending on the situation, campaign messages may be most effectively concentrated over a short period of time, dispersed thinly over a lengthy timeframe, or distributed in intermittent bursts of "flighting" or "pulsing."

- Finally, the overall *duration* of the campaign combines elements of volume and scheduling. For many health domains, a sustained campaign lasting at least one or two years may be required to achieve significant impact on behavior (for certain behaviors, perpetual campaigning may be necessary).

The realities of health promotion and prevention often require exceptional persistence of effort over long periods of time. Perpetual campaigning is often necessary because focal segments of the population are in constant need of influence. There are always newcomers who are moving into the "at risk" stage of vulnerability, backsliders who are reverting to prior misbehavior, evolvers who are gradually adopting the recommended practice at a slow pace, waverers who are needing regular doses reinforcement to stay the course, and latecomers who are finally seeing the light after years of unhealthy habits.

Unfortunately, the limited resources available for most public service campaigns greatly restrict the quantity of messages disseminated. Among the campaigns that are described in the published literature, very few involve dissemination of a large sustained quantity of messages in mass media channels. This lack of quantitative potency even applies to many campaigns that are backed with resources to pay for time and space in the media. Presumably, meager quantity is even more of a problem for the vast majority of campaigns for which there are not even published reports measuring effects.

To maximize quantity, campaigners need to diligently pursue monetary resources from government, industry or association sources to fund paid placements and leveraged media slots, to aggressively lobby for free public service time or space, to skillfully employ public relations techniques for generating entertainment and journalistic coverage, and to utilize the low-cost Internet channel of communication. Moreover, pseudo-quantity can be boosted by sensitizing audiences to appropriate content already available in the media and by stimulating information-seeking from specialty sources.

Thank you, once again, to Dr. Atkin, for taking the time to share his research and generously giving us permission to distribute the content of his presentation.

— Jodi Thesenvitz, on behalf of The Health Communication Unit, http://www.thcu.ca