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American Behavioral Scientist 2006; 49; 868
DOI: 10.1177/0002764205283806

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American Behavioral Scientist
Volume 49 Number 6
February 2006 868-884
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10.1177/0002764205283806
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Racial/Ethnic Disparities and Segmentation in Communication Campaigns

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There are disturbing racial disparities in many health outcomes. However, do health communicators know how to do interventions that redress disadvantage? This article describes what communication campaigns do to address disparities, looks for evidence that segmented campaigns reduce disparities, and describes evidence that might support segmentation decisions (about behaviors, messages, channels, or message executions). The authors note arguments that segmentation can risk negative effects yet find no evidence about whether race- or ethnicity-conscious segmentation reduces disparities. Nonetheless, with evidence, some approaches to segmentation are justified on commonsense grounds and for their political legitimacy.

Keywords: *segmentation; communication campaigns; cost-effectiveness*

There are real and disturbing racial disparities in the U.S. population with regard to many health outcomes. According to the National Center for Health Statistics (2005), age-adjusted death rates from all causes were 30% higher among African Americans than Whites in 2002. Incidence rates are also higher for many diseases: Prostate cancer age-adjusted incidence rates are 50% higher for African American men than for Whites; African American diabetes rates are double those for Whites. There are some diseases for which incidence rates are lower: Breast cancer was 24% more common among White than African American women in 2001, for example. However, despite the higher incidence among White women, age-adjusted death rates from breast cancer among African American women are 36% higher than for White women, estimated in 2002.

These disparities in health outcomes create a demand for interventions that will redress such disadvantages associated with race or ethnicity. The moral imperative behind such a call for targeted programs, including targeted health communication

Authors' Note: The authors acknowledge support from the National Cancer Institute, Grant No. 5P50CA095856-02 to the University of Pennsylvania, for a Center of Excellence in Cancer Communication Research. The ideas behind this article benefited from conversations with Oscar Gandy and with members of the Institute of Medicine Committee on Communication for Behavior Change in the 21st Century.

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programs, is entirely legitimate. This article accepts that presumption and moves on to the next question: Does the field of health communication know how to do interventions that actually redress disadvantage? Comments here reflect on some of the discussion to be found in the Institute of Medicine (2002) volume, *Speaking of Health*.

The answer has three parts: In the first, we look at the various strategies that have been developed to redress disadvantage; in the second, we consider what evidence would be needed to make the case that a particular approach to targeting was productive; finally, we consider, in the absence of evidence to support a broad segmentation approach, what evidence might be helpful for making specific segmentation decisions. Although many elements of the argument might be applied broadly to all sorts of interventions, it is applied here only to efforts at large-scale health communication programs intended to affect behavior change, such as the National High Blood Pressure Education Program (Roccella, 2002), the National Youth Anti-Drug Media Campaign (Hornik et al., 2003), or the Truth Campaign (Farrelly, Davis, Haviland, Messeri, & Healton, 2005).

Approaches to Addressing Racial/Ethnic Disparities

Programs designed to address disparities take a wide range of approaches. They do not reflect a single homogeneous strategy. We distinguish two broad approaches but then dig down into the second. The first approach is the creation of a stand-alone program; the second builds a racial segmentation strategy into a general communication intervention.

As an example of the stand-alone program, the Family Violence Prevention Fund, developed a focused anti–domestic violence serial drama campaign for the African American community titled *It's Your Business* (Wray et al., 2004). It was not linked to a parallel general population campaign (although the Family Violence Prevention Fund operated distinct general population interventions) but instead, was developed primarily by African American scriptwriters and producers and distributed through a network of radio stations nationwide with a predominantly African American audience. The content was designed to be responsive to themes that the producers thought might resonate in the African American community. This sort of stand-alone program, however, is not so common, we think, perhaps because the resources to do a mass media campaign are scarce and more easily available to campaigns meant to reach the full population.

Thus, the much more common way to address racial disparities in a large-scale health communication campaign is to build a racial segmentation strategy into a general campaign. However, within this approach, segmentation decisions can happen at various places and in different ways:

A. A general campaign might choose different behavior change goals for different racial subgroups (behavioral segmentation). The behavioral focus of communication varies by

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race or ethnicity on the assumption that on average, groups are in different places with regard to their stage of change. For example, White males are more likely to initiate smoking during their early adolescence, but African American and White males have comparable smoking rates by their mid-20s, suggesting different points of initiation or different influences on cessation. Antismoking campaigns might have different behavioral goals for White and African American youth.

B. A general campaign might choose different message foci for different racial subgroups (message segmentation). Different messages are chosen for different subgroups, although the behavioral goals are similar. For example, research might suggest that one group of women would be responsive to a persuasive message that implicated religious identity, whereas another group would be responsive to messages that focused on individual health benefits, although both seek to address mammogram demand. The campaign might target its religious identity messages to one group and its health outcome messages to another.
C. A campaign might segment racial subgroups by choosing channels for delivery of messages contingent on group program preferences (channel segmentation). There are some television programs watched by many African Americans and few Whites and for others, the audience proportions are reversed. There also may be channels (or more likely specific uses of channels—e.g., a given radio program) with higher credibility for one group than another.
D. Finally a campaign can segment its messages by making different choices in the execution (or production) of its messages (execution segmentation). Messages may contain the same persuasive arguments and be shown on the same channels but still use race- or ethnicity-specific execution details—the race of the actors or celebrities in a public service advertisement might reflect the expected audience for that ad, or the identical ad might be offered in Spanish language and English language versions to reach primary speakers of those languages.

One path to address disparities and respect possible differences among racial groups is, thus, to segment the audience and vary the campaign strategy on one or more of these components of behavior, message, channel, or execution. Any single campaign may implement segmentation in one of these ways or several of these ways. It may choose to vary the degree and nature of segmentation with time. All of these approaches involve differentiation, explicitly doing something different for different groups. However, such differentiation approaches are not the only path to addressing disparities.

Another race- and ethnicity-conscious alternative approach is to look for commonalities and do a single campaign that focuses on shared elements, what might be called a *common denominator campaign.* One group might be expected to be more responsive to religious identity messages (“be screened for breast cancer because religious people take care of the bodies that God gave them”) and another more responsive to health benefit messages (“be screened for breast cancer because you can avoid dying from breast cancer”), but both might be comparably responsive to messages that emphasize responsibility toward children (“be screened for breast cancer so you can be around for your children”). In a common denominator campaign, messages that use arguments about children might be featured. In a similar manner, the common denom-

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inator logic may apply to channel selection. Although some television programs are skewed to one race or another, other programs might be chosen that are comparably popular with both African American and White or English-speaking Latino audiences. At the execution stage, producers might use rainbow ads—those that include people from each of the target segments, rather than produce separate executions for each racial/ethnic subgroup. The logical disadvantage of this common denominator approach is that it is not optimized for any subgroup; the advantage is that it might be cost-efficient, permitting maximum overall effects while still reaching all segments without requiring multiple distinct campaigns.

The next section of this article deals with the issue of how one would know whether a particular approach to dealing with disparities through health communication is advantageous. However, before turning to that issue, some consideration of why one needs such evidence is justified. Should not segmentation by race and ethnicity be the default strategy, particularly where there are well-established disparities in health outcomes? Even if there is no available data establishing the utility of a particular segmentation approach, should not producers adopt one anyway? Perhaps they should, but in making such a decision, some possible counterarguments need to be considered.

First, a commitment to addressing racial disparities does not dictate what particular strategy would be best. From the previous discussion, it is clear that one can claim to be segmenting by race and still take a very wide variety of actions. So a commitment to adopt segmentation by race says very little about specifics.

Second, there is a risk that focusing a special campaign on a racial group might turn out to stigmatize that group in the eyes of the general population. Implicitly, health communication campaigns addressing deficits in ideal behavior carry the message that the targets of such campaigns are particularly needy or have been particularly "bad." If the targets are easily identified, for example, as belonging to a racial group, reinforcement of stereotypes may result (O. Gandy, personal communication, June 2005). If it were heard by the general population, an anti–domestic violence campaign focused on the African American community such as *It's Your Business* (see Wray et al., 2004) might risk creating such a stigma.

Third, observed health disparities may be the result of forces beyond the reach of communication—economic inequality, racism, access to health systems, or genetic differences. Trying to solve deeper social problems through variations in construction of communication campaigns can sometimes have the flavor of establishing the appearance of trying to do good with little hope of actually reducing disparities. There are times when communication may be an answer, but sometimes communication is a better answer to a politician's need to be seen to be doing good than it is to resolving major social problems.

Fourth, race-based segmentation may be an inefficient use of scarce resources. Previously we noted that one possible race- or ethnicity-conscious communication strategy is to look for common denominators, so that a single campaign can serve multiple audiences. However, even if there are resources to do campaigns for multiple segments, is race the most sensible criterion for segmentation? Is doing distinct campaigns for racial groups as productive as doing distinct campaigns for people who dif-

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fer on educational level or who differ in their current status on the target behavior? On many health behaviors, each racial group is itself quite heterogeneous—people who are African American, or White, or Latino vary in their educational backgrounds, in their likely responsiveness to different messages, and in their preferred television programs. In many cases, the heterogeneity within groups may be substantially larger than the heterogeneity across groups. If there are alternative practical segmentation criteria, they might well be preferred from an effectiveness standpoint. (However, see additional, and possibly contradictory, comments in the Discussion section below.)

Fifth, a segmentation strategy of any sort divides up the population. If the goal of the campaign is direct education of individuals to make healthier individual choices, then maximizing the persuasiveness of the campaign for each individual is ideal. Segmentation is in its element. However, some effective communication campaigns have been those that built a broad community consensus, a critical mass in favor of an idea. They move a social norm, reflecting repeated exposure to the message. They not only persuade individuals to quit smoking but also persuade communities to regulate smoking in bars and airplanes, persuade schools to include antismoking education in the classrooms, convince policy makers to tax tobacco punitively, and persuade mass media to keep smoking out of television programming. Strategies that create distinct campaigns for groups may have to sacrifice the building of a community-wide consensus and may lose opportunities to encourage public debate simply because the centralizing energy of a campaign is diffused in (meritorious) subcampaigns. This does not have to happen; indeed, one can imagine the opposite—group focused campaigns producing policy support from additional community institutions. Still, it may be a risk if energy is diffused.

Although it is tempting to accept race- or ethnicity-conscious segmentation as a given, there are risks associated with it and in any case, it is a family of approaches. Thus, there is a need to address the strategy(ies) as a question for research: The goal of such segmentation is valuable; but as it is carried out in practice, is there empirical support for its utility?

How Does One Evaluate the Worth of Race/Ethnicity-Based Segmentation?

This broad question can be divided into two subquestions: (a) the summative evaluation question, How does one evaluate whether a particular race-based segmentation strategy has been successful? and (b) the formative evaluation question, How does one provide empirical support to justify a particular segmentation choice about behavior, message, channel, or execution?

At some level (and ignoring some of the troubling issues raised in the previous section), from the point of view of individual persuasiveness, segmentation is always better than nonsegmentation. Who can argue that a campaign would not produce more individual behavior change if everyone received a personally well-adapted persuasive message, on a channel they used regularly, in a pleasing execution, addressing a be-

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havior of concern? Segmentation is designed to move in the direction of such tailored messages and if well done, cannot do worse and ought to do better than unsegmented campaigns from the perspective of individual persuasion. Despite the concerns expressed above, the issue is not the value of segmentation for individual persuasive effectiveness; the logic of segmentation is too strong.

The issue is cost-effectiveness; segmentation always costs more than not segmenting, all else being equal. The question is whether it is worth the extra cost compared to a nonsegmented campaign or whether it is a better use of resources compared to a campaign segmented on a basis other than race. This idea frames the summative evaluation question: The value of race-conscious segmentation must be a comparative question. One needs to be able to show not merely that a campaign that used a race-based segmentation strategy was successful, overall, or even that it was successful in reducing a disparity (although this would be a desirable result) but also that the race-based strategy was more successful (and reduced the disparity more) than an alternative credible approach (cf. Brach & Fraser, 2000).

The following evaluations would not answer the comparative question about the value of segmentation:

An evaluation that looked at effects of a specific campaign designed only to affect African Americans.

An evaluation that looked only at effects (overall and with regard to disparities) of a general campaign that implemented a race- or ethnicity-based segmentation strategy.

An evaluation that looked only at overall and disparity reduction effects of a general campaign that did not segment on the basis of race.

In each of these cases in isolation, no matter the results, it is unknown whether if the campaign had been done differently it would have had different effects. It is true that some evidence from such evaluations would give one more hope than others. It would be good to see that a single-race–focused campaign produced positive effects and that a race-segmented campaign reduced disparities. But neither would permit a claim that the race-specific elements were central to their good outcomes. To make such a judgment, a comparison is required. Some people must get one campaign and others a different campaign, and their relative overall and disparity reduction effects must be compared. The purists' version of that would involve random assignment to condition in a massive field study. Some people would be assigned to get a race- or ethnicity-based segmentation campaign and others would be assigned to receive only a general audience campaign (or a common denominator campaign). The two groups would be compared for evidence of overall effects and for evidence of disparity reduction. However, short of that difficult-to-realize goal, is there any sort of data that might be relevant? Here are three possibilities that might be helpful:

A. Evaluation of campaigns that included segmentation by race or ethnicity but varied geographically in the quality of delivery of race- or ethnicity-differentiated materials. One would compare areas where racial/ethnic segmentation was better implemented and less well implemented for evidence of effects on disparity reduction.

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B. In an analogous manner, one might look for evidence of variation with time in quality of implementation of a segmentation strategy. One could compare disparity reduction effects during a period in which a campaign did not segment by race or ethnicity to a period when it did adopt such a segmentation strategy. Both overall and disparity reduction effects could be compared between time periods.
C. Or one could undertake a meta-analysis that would include evidence about the nature of segmentation and amount of disparity reduction. The analysis would compare evidence from campaign evaluations that provided relevant data about racial subgroup progress and about the degree of implementation of race-conscious segmentation.

These alternative-to-the-experiment summative evaluation strategies would be open to challenge. The comparison geographic areas, or time periods for the first two approaches, might not be equivalent in ways that could bias the results. In the meta-analytic approach, the campaigns that did or did not implement race-conscious segmentation might be different in other ways. In addition, all of these approaches, including the purists' experiment, would be comparing race- or ethnicity-conscious segmentation strategies as implemented in particular campaigns; however, they would represent only the specific strategies that were implemented. They would not be generalizable to all of the ways that such segmentation could be implemented. Even if these approaches were not shown to be effective, it might be that other approaches would be effective. Finally, these evaluations ignore the problem of unexpected effects. One of the risks of segmentation discussed above, following concerns raised by O. Gandy (personal communication, June 2005), was the possibility that a race- or ethnicity-targeted campaign would stigmatize the targets of such a campaign in the eyes of the majority population. None of these evaluation designs would address that issue unless explicit measurement of the degree to which such stigmatization increased among both the general and the disadvantaged population was incorporated.

Still, despite these potential threats to confident inference, evidence from such comparative studies would be welcome. However, in our search of the literature, we could not find a single instance where such comparative evidence was offered. As far as we have been able to uncover, there are no communication campaign evaluations that make this comparison between segmentation and nonsegmentation by race or ethnicity while comparing progress between racial groups. Indeed, we found very few evaluations that even compared progress over time between races as part of communication campaign evaluations, never mind comparing progress across different race-conscious implementation approaches.

Research to Support Specific Race- and Ethnic-Conscious Segmentation Decisions

If there is essentially no summative evaluation evidence for race-conscious segmentation, are decisions about whether and how to implement such segmentation to be based only on data-free judgment? On the contrary, even absent sure summative evaluation evidence, project-specific formative evaluation can underpin race- or

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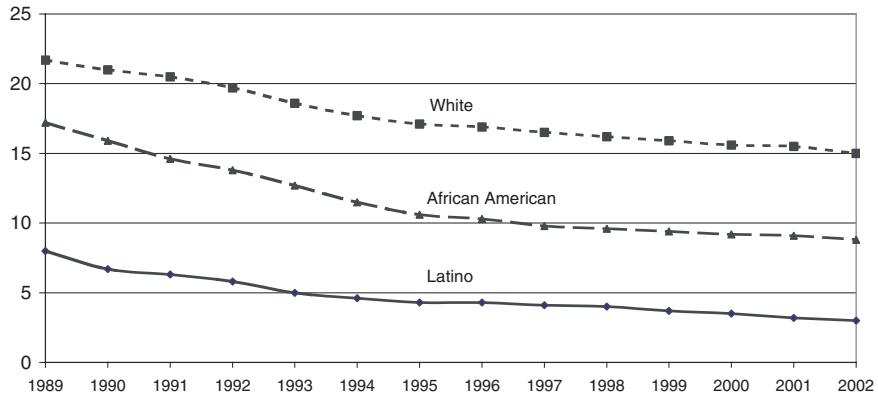
Figure 1
Percentage of Women Who Smoked During Pregnancy



Source: National Center for Health Statistics (2005).

ethnicity-conscious campaign decisions. Research can underpin each of the types of segmentation decisions outlined above—research that can lead campaign managers to stay with a general campaign, to go with a common denominator campaign, or to differentiate aspects of the campaign by racial/ethnic groups.

Behavioral Segmentation

Survey or other data can establish whether racial/ethnic groups are substantially different with regard to some target behavior. For example, National Center for Health Statistics (2005) data show Latinas and African American women, compared to White women, are less likely to smoke during pregnancy. And although during the period from 1989 to 2002, all three groups reduced their rates of smoking during pregnancy, Whites' rates declined the slowest (see Figure 1). In contrast, African American mothers were much less likely to breast-feed their children than either Latinas or White women, as of the most recent national data collected in 1993 to 1994. All three groups increased their rates of breast-feeding—approximately doubling their rates since 1972 to 1974—but the absolute level for African Americans remained less than half that of White or Latina mothers (see Figure 2). However, not all behaviors show meaningful distinctions among racial/ethnic subgroups. For example, all three groups are fairly similar in the proportion of 50- to 64-year-old women who have obtained mammograms in the previous 2 years, with the White and African American groups substantially identical in the most recent years of data collection, although Latinas are a little lower (see Figure 3).

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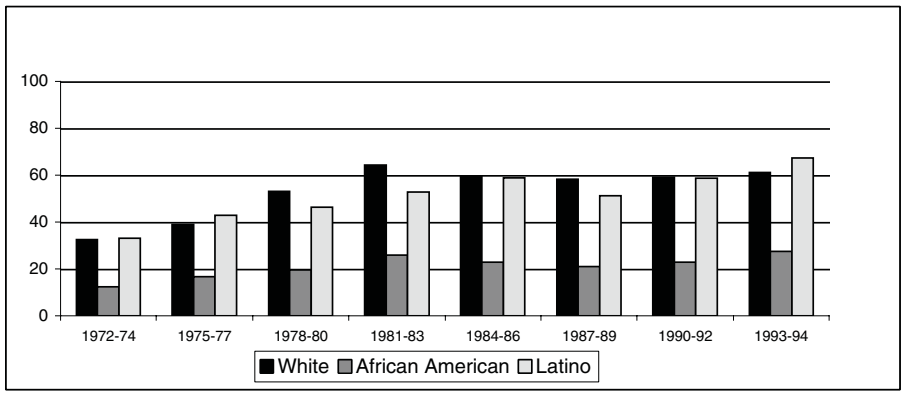
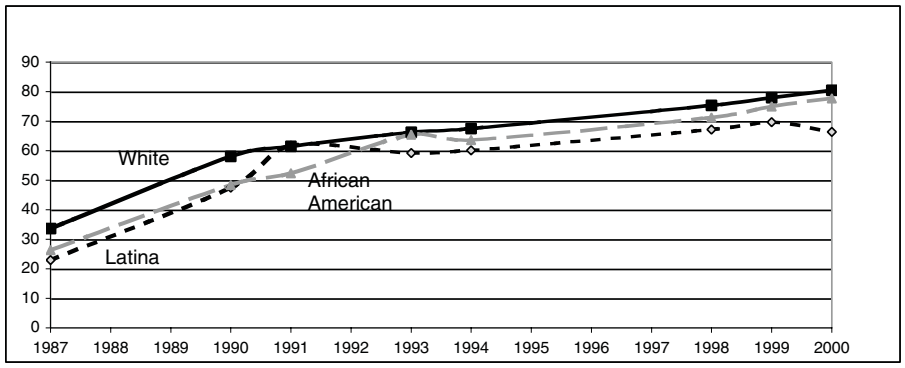
Figure 2
Percentage of Mothers Breast-Feeding



Source: National Center for Health Statistics (2005).

Figure 3
Percentage of Women Aged 50 to 64 With Mammogram (2 Years)



Source: National Center for Health Statistics (2005).

A campaign trying to improve the health of children might choose quite different foci for the different racial/ethnic groups pictured in Figures 1 and 2 (assuming these data represented current behavior as well). Campaigners might choose different behaviors entirely (not smoking during pregnancy for Whites; breast-feeding for African Americans). Or if the campaign's mandate is to address one behavior, for example breast-feeding, then the focus for each group might be different. For Latina and White

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women, the emphasis might be on length of breast-feeding; for African American mothers, it might be on initiating breast-feeding.

Message Segmentation

However, behavior is not the only basis for race- or ethnicity-conscious segmentation. It may also be that different racial/ethnic groups promise to be responsive to different messages. In the following example, we show that despite similarities on behavior, racial/ethnic subgroups may have different potential influences on their behavior.

In their *Evaluation of the National Youth Anti-Drug Media Campaign*, Hornik et al. (2003) gathered data from a national sample of youth aged 9 to 18 about their marijuana use, their intentions to use marijuana in the future, their beliefs about the consequences of marijuana use or other people's use of marijuana, and their race and ethnicity. To a great degree, White, African American, and Latino youth were fairly similar in their past behaviors (from 5% to 6% claimed marijuana use monthly in the past year) and in their intentions to use monthly in the next year (from 85% to 87% said they definitely would not use in the next year). However, when it came to possible messages that might be influential with the three groups, the evidence suggested a possible basis for segmentation.

It would be appropriate to consider different messages insofar as there was evidence that different beliefs were influential on behavior for each subgroup. In this section, we present two examples; the first deals with the respondent's perception that "kids in your grade at school or kids your age" were regular marijuana users. The second deals with the perception that if the respondent used marijuana regularly, he or she would do worse in school. Both of these are highly related, overall, to intention to use marijuana regularly. Youth who thought none or few (vs. some, most, or all) other kids were using marijuana regularly had a relative odds of 2.8 for saying they definitely would not use marijuana in the next year. Youth who strongly agreed they would do worse in school were 4.7 times as likely to say they would definitely not use marijuana regularly. (Both of these estimates came after controlling for race/ethnicity and prior marijuana use.) These results would suggest that messages that focused on the idea that most kids did not use marijuana regularly or that regular marijuana use would contribute to worse academic performance might be worth consideration. However, for the purposes of considering whether to segment messages by race/ethnicity, we would want to ask an additional question: Is the association of each of these beliefs with intentions different for the three racial/ethnic groups?

Table 1 presents the association data by racial/ethnic group for the perception of other kids' regular use of marijuana, whereas Table 2 presents the same information for the "do worse in school" perception. In Table 1, there is essentially no statistical difference between the three groups in the nature of the association with intention to use marijuana regularly.

In contrast, Table 2 shows some evidence for potential differential responsiveness when it comes to the perception that one would do worse in school if he or she used marijuana regularly. Whites show the strongest association and it is significantly

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Table 1
Intention to Use Marijuana Regularly by Perception of Other Kids' Use and Race/Ethnicity

	White		African American		Latino	
	How many kids in your grade at school/kids your age have used marijuana nearly every month in the past 12 months?					
	Some, Most, All	None, Few	Some, Most, All	None, Few	Some, Most, All	None, Few
Definitely no intention (percentage)	75.5	95.0	76.9	94.0	72.9	93.8
n	5,952	7,293	1,299	1,466	1,361	1,570
Relative odds (confidence interval)	6.15 (5.4, 6.9)		4.70 (3.7, 6.0)		5.59 (4.4, 7.1)	

Table 2
Intention to Use Marijuana Regularly by Perception of Doing Worse in School and Race/Ethnicity

	White		African American		Latino	
	How likely is it that the following would happen to you if you used marijuana nearly every month for the next 12 months?—Do worse in school					
	Other Than Very Likely	Very Likely	Other Than Very Likely	Very Likely	Other Than Very Likely	Very Likely
Definitely no intention (percentage)	71.6	96.5	79.2	94.0	72.8	95.3
n	2,912	4,021	678	747	662	805
Relative odds (confidence interval)	11.08 (9.2, 13.4)		4.10 (2.98, 5.8)		7.54 (5.2, 10.9)	

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larger than the association for African Americans, with Latino respondents in between and not significantly different from either of the other groups. (The relative odds remain significantly different even when prior marijuana use and main effects of race/ethnicity are controlled in a logistic regression.) From Table 2, it is clear that most of the difference is explained by the tendency for some White (and Latino) youth to be willing to consider regular use if they do not think that they will do worse in school, whereas the African American youth are less willing to consider it regardless of their beliefs about doing worse in school.

However, even this difference, although statistically significant, may not justify a segmented message strategy. All three groups do show strong association for this do worse in school perception, and those who say such a consequence is very likely are almost equally likely to reject regular marijuana use. So both Table 1 and Table 2 might lead to the same conclusion: There is not sufficient evidence that these perceptions are differentially associated with the relevant outcome to suggest that it would be worth constructing different messages for different racial/ethnic subgroups. Still, the underlying idea should be clear, and the pattern here does not foreclose the possibility that other analyses might justify different messages for different racial/ethnic subgroups. (Although an analysis of many other perceptions measured in those youth drug surveys showed similar patterns—either of no differences or significant differences that might not be large enough to justify message segmentation.) It may be that for other potential campaigns, the difference will be larger.

Channel Segmentation

The third potential segmentation decision involves which channels to use to diffuse messages. Decisions about channel segmentation would require at least three types of data: reach, cost per person reached, and the expected influence of alternative channels (or particular uses of channels). The first two of these are relatively straightforward in concept, although often difficult to assess in practice. In the current complex media environment, campaigners have many possible choices of channels and of programs within channels. Different racial/ethnic subgroups will have different patterns of media usage. There are newspapers and radio and television stations as well as radio and television networks targeted to specific racial/ethnic groups; there are particular general audience programs with underproportional or overproportional exposure among racial/ethnic subgroups. All of these open opportunities for channel segmentation. The costs of purchasing exposure per member of the target segment will vary depending on the mix of channels and programs chosen. Targeted media will mean less wasted exposure for programs aimed at a focused segment.

On the other hand, single buys on large networks may have substantially lower costs per 1,000 audience members than will more complex buys involving many distinct sources. Also, the organizational and logistic costs may be higher for such a complex buy. However, even if the cost issues can be sorted out, they do not dictate the buying choices, entirely. It may turn out to be less expensive, for example, to use nontargeted channels than targeted channels to reach particular racial/ethnic groups. Still,

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a campaign may want to consider such targeted channels in the belief that they are more credible with the target segment.

The same information diffused through a predominantly African American radio station may be more attended to than if it is diffused through a general audience radio station, for example. Or some general channels may be seen as more credible by one racial/ethnic group as opposed to another. For example, the Health Information National Trends Survey compared African American, White, and Latino adults' media trust with regard to cancer information. Table 3 shows some significant differences in trust for all channels but radio. However even where the differences are significant, they are not large; and across all of the channels, Whites and Latinos tend to be less trusting than African Americans. A chart that included race-targeted media might show that there were even higher levels of trust for targeted media.

These trust data are presented with one caveat. Perceived trust differences may not translate into actual differences in persuasive influence. This is true for two reasons: The generalized trust judgments expressed here may not determine the credibility of a specific piece of information presented on a channel; also, there is evidence that with time, the source for a particular piece of information may be forgotten or confused, even though the information is retained (cf. Mares, 1996).

In sum, channel segmentation may appear to be a perfectly sensible operational decision, and it is certainly common practice (cf. Hornik et al., 2003; Roccella, 2002). However, like the other segmentation decisions, it reflects the sorting through of a complex balance of reach, cost, logistical complexity, and presumed persuasiveness. Campaign planners will have to consider and make trade-offs among the three major approaches to achieving maximum target-group impact: common denominator buys in general media, race- or ethnicity-conscious buys of different programs in general media, and buys in targeted media such as ethnic radio and newspapers. In addition, there may be political considerations in making these trade-offs, but that issue is picked up in a more general way below.

Execution Segmentation

Finally, campaign planners will consider execution segmentation—even assuming that focus behaviors are the same, and emphasized messages are the same, planners may choose to execute messages differently for subgroups of the population. The uncontroversial version of this is the use of appropriate languages—executions in English for a Spanish-speaking population are pointless. However, executions involve many more decisions that might be relevant to message effectiveness but must reflect trade-offs between costs and potential persuasiveness. A major focus of such execution segmentation decisions concerns who will be the actors within a message (assuming human actors are presented). Two major issues come up in decisions about choices among actors: the value of using race or ethnicity as the criterion for choosing actors and the value of implementing alternative race-conscious segmentation approaches.

There is certainly a good deal of argument and some evidence for the importance of perceived homogeneity between target audience and people portrayed in a persuasive

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Table 3
Trust in Information About Cancer by Race/Ethnicity

	Percentage Saying They Have Some or a Lot of Trust in the Channel						
	Television*	Newspaper*	General Magazine*	Radio	Internet*	Family and Friends*	Doctor*
White	70	65	68	54	66	59	94
African American	79	67	70	57	66	70	94
Latino	72	57	59	55	57	59	87

Note: The observed sample sizes for the analyses for each subgroup are approximately 4,200, 710, and 750 for White, African American, and Hispanic respondents, respectively. The percentages reported are weighted to the U.S. population. These analyses use the Health Information National Trends Survey I data; the data are publicly available and provided by the National Cancer Institute at http://cancercontrol.cancer.gov/hints/index.jsp.
*Chi-square test, groups different at $p < .01$.

message (Bandura, 1986; Rogers, 2003). If planners think multiple ad executions are appropriate, they will need to ask whether race or ethnic homogeneity between actor and audience is the most productive form of matching to do. In some contexts, it is easy to imagine that race or ethnic differentiation may be less relevant to message effectiveness than family circumstances, class differentiation, or gender differentiation. For example, for messages recommending actions parents might take to prevent childhood obesity, it may be more persuasive if actors and audience share a gender and family role than if they share a racial or ethnic identity. If resources are scarce, producing separate ads—one that features fathers and one that features mothers—might be better than producing separate ads for African Americans and Whites and Latinos.

However, even were planners to focus on racial/ethnic differences in their execution decisions, how to do that is not a given. Three ads (e.g., one for Whites, one for African Americans, and one for Latinos) are more expensive than one ad. Is the potential benefit larger than the cost? Campaign planners with scarce resources need to choose between a multiple ad strategy and a common denominator strategy—for execution purposes, will a single ad which is inclusive be almost as persuasive as more costly multiple ads with exclusive targets?

The sorts of considerations that go into executional strategies for choosing actors are analogous to the considerations for other decisions about aspects of execution: the words and accents for speakers, the look of the message, the pacing of the message, and so forth. It does not seem likely that there are general principles that will dictate the best approach across contexts and, thus, it is unlikely that evidence from one context will dictate optimum approaches in another. However, there is an immense amount of experience within the advertising industry concerning alternative approaches that should provide some guidance. Race- or ethnicity-conscious executions, on their face, will often make sense—but we do not have data at hand to indicate when that will be or which of the various approaches to doing race- or ethnicity-conscious executions will be best.

Discussion

There is good reason to consider race- or ethnicity-conscious segmentation decisions in developing communication interventions and specifically in communication campaigns, the primary focus of this article. The disparities in health outcomes are too large to ignore such issues. And most large-scale programs do take such issues into account (cf. Institute of Medicine, 2002). However, whether those considerations should invariably lead to implementation of a race- or ethnicity-conscious segmentation strategy is an open issue. That uncertainty is even greater as to which specific approach, among the various approaches to segmentation, is likely to be productive.

There are three basic conclusions that come from this review.

We lack fundamental evidence about whether race- or ethnicity-conscious segmentation, in any of its forms, reduces disparities. Such evaluations would need to systematically compare programs, or elements of programs that take different approaches, to establish whether such segmentation matters. It is tempting to say that such segmenta-

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tion cannot hurt and that one ought to operate with the assumption of the need to take account of race and ethnicity. However, there are reasons to be skittish. Such segmentation can increase costs, can be difficult to implement, and in any case, there are many ways to implement such segmentation, so a decision to segment does not define a strategy. In addition, there are even some concerns that segmentation could have negative effects on the very people who are meant to be the beneficiaries. Although there is good reason to start with the assumption that one must consider race-conscious segmentation, there are counterarguments. Thus, the lack of available evidence remains a genuine concern. There is a need for such data.

However, short of summative evaluation data establishing the disparity-reducing value of such segmentation, we are not left with a recommendation of not bothering to do it at all. Given existent disparities, we need to consider such strategies, regardless. There are two justifications for this argument. First, we can examine data for evidence of important differences at each of the four decision stages (behavior, message, channel, and execution). If there are transparent and large differences in subgroups on current behavior, on the relationships between beliefs and behavior underpinning message choices, on channel access or credibility, or on apparent attractiveness of executional elements, then there is no need to wait for evidence about whether segmentation really matters. Decisions that reflect evidence of this sort are worthwhile, although we cannot show that segmented programs as a whole are worthwhile. There is too strong a logic to using this information, even if it is not definitive.

Still, it would be tempting to ignore even this call for race- and ethnicity-conscious segmentation, given some of the presented concerns. However, there is one additional issue that supports careful race- and ethnicity-conscious intervention work: the politics of resource allocation.

Race and ethnicity do not define disadvantage in U.S. society. There is substantial heterogeneity among each racial/ethnic subgroup. Nonetheless, race and ethnicity may be the most politically respectable correlate of social disadvantage in a society where class politics are considered divisive. Insisting that programs, particularly government-sponsored programs, attend to race and ethnicity may be politically sensible. In turn, such insistence is also sensible from the perspective of maximizing public health. Such programs may be the only politically feasible way of getting resources to reach disadvantaged segments of society. An argument that there is a more cost-efficient basis for segmentation than race or ethnicity is not helpful if that alternative basis cannot establish a call on the national or local budgets. There may be congressional representatives or staffers ready to ask hard questions of program implementers who cannot describe the special efforts they are making to deal with racial differences in diabetes incidence. There may be fewer representatives prepared to ask hard questions about whether special diabetes resources are dedicated to poor people, even though poverty may be an even greater risk factor than race for diabetes (Behavioral Risk Factor Surveillance System, 2004). Racial/ethnic subgroups may have established a strong political call on budgets in their own right; giving up race-conscious segmentation on the basis that there is a better way to segment assumes that the new segmentation groups can establish political legitimacy and demand allocation of re-

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sources. The alternative to race- and ethnicity-conscious programming may not be disadvantaged conscious segmentation; it may be no segmentation at all.

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