

Full Length Research Paper

Hollywood and breast cancer prevention among African American women: An analysis of breast cancer risk narratives in the California ‘Every Woman Counts Campaign’

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Accepted 22 March, 2012

In 2006 the California department of public health ran a series of television public service announcements that advocated breast cancer screening among women in its “Every Woman Counts” campaign. This essay evaluates breast cancer risk narratives in a pilot sample of Public Service Announcements (PSAs) targeting underinsured and uninsured women. The PSAs were used as a guide to gain a greater understanding of how Walter Fisher’s narrative paradigm theory and a deconstruction of cultural symbols may be used in determining effective message design in health promotion materials targeting vulnerable populations.

Key words: African American women, breast cancer risk, public service announcements, public health campaigns.

INTRODUCTION

Black and white images of women and children gleefully dance in slow motion and fade into full view. A few seconds later a boy’s voice begins the narrative and a crescendo of theatrically gripping music follows. A close up of the boy’s face is prominently shown but the camera quickly pulls out to a head and shoulder shot of his mother. The video dissolves to an elderly lady and then transitions to a young girl looking up. “Mama loved to dance.....I miss you grandma....”

At first, this scenario would seem part of a Hollywood movie promotion that captures the essence of a family drama but it is not. The promotion described in the introduction is actually one of several award-winning television public service announcements from a 2006 public health campaign in the state of California. The campaign, “Cancer Detection Programs: Every Woman Counts,” featured some of Hollywood, California’s famous African American women.

The PSAs were part of the California Department of

Health’s (CDH) efforts to improve health outcome throughout the state. These visual vignettes served as educational pieces to inform and educate low income women about the risk of cervical and breast cancer and the importance of screening. The PSAs, by virtue of strategically planned content and context targeted to vulnerable populations (for example, low income and African American women) lead to a successful review among the eyes of public health professionals. The question for this analysis is whether the PSAs’ content and context created were effective health promotion materials and a conceivably strong or weak communication tactic to persuade the targeted audience’s screening behavior.

The purpose of this study was to critically analyze and determine the strength of a pilot sampling of PSAs as communication tools to promote breast cancer risk among African American women via a visual medium. The analyses utilized the lens of Walter Fisher’s narrative

paradigm theory and also a deconstruction of visual and verbal cues to investigate the persuasiveness of breast cancer PSAs. The examination allowed the investigator to determine the narrative probability (likelihood) and fidelity (credibility) of the cancer risk narratives and identify symbolic representations of African American culture.

Background

The CDH public health campaign and breast cancer among African American women

The cancer detection section (CDS) (www.dhs.ca.gov/cancerdetection/cdsinfo.htm) in the California department of public health, aims to significantly reduce breast and cervical cancer mortality and morbidity among underserved and low-income women throughout the state by increasing the amount of screenings. Since its inception, more than 190,000 women have received breast and cervical screening services and nearly 7,000 breast cancer cases have been diagnosed.

The "Cancer Detection Programs: Every Woman Counts," is part of the CDS and California department of public health, receives funding from the Centers for Disease Control and Prevention (CDC) to assess, implement and evaluate breast and cervical cancer screening among women living 200% below the federal poverty line. The program began providing its services in 1991 following key legislation (Breast and Cervical Mortality and Prevention Act of 1990 - Public Law 101-354; California Breast Cancer Act of 1993) that addressed disproportionate breast cancer mortality rates in the state of California. Among the targeted populations are African American women who face a disproportionate outcome. Breast cancer is the second leading cause of death among this group; is the most common cancer (Jones and Chilton, 2002); and when compared to White women African American women are more likely to die from breast cancer even when they are less likely to be diagnosed with it (Bickel et al., 2006). The American cancer society (2007) reported the number of expected new breast cancer cases is considerably lower than the cases estimated in 2005 however a disparity in mortality and morbidity rates still persist. There also is a higher incidence of breast cancer among African American women who are under 40 (ACS, 2005).

In the state of California, the comparisons reflect national statistics of breast cancer incidence and morbidity rates among African American women when compared to Caucasians, Hispanics and Asians; African American women had the highest death rate among all groups (CDC, 2007; Newman, 2006; Babey et al., 2003). If cancer is detected early, an individual has a greater

chance of survival (CDC morbidity and mortality report, 2000) however several barriers often exist that impact cancer screening. Access to health care, low self-efficacy, indifference to perceived susceptibility, perceived benefits and distrust for medical physicians (Corbie-Smith et al., 2002) are among some of the barriers to screening for African American women. The combination of socio-economic and psycho-social barriers inherently impedes screening and health outcome. These barriers in turn impact social cues to action which can range from the illness of a family member, media report or mass media campaign (Graham, 2002). Effective message design and delivery is then imperative to overshadow and weaken these barriers.

An integral part of the California CDS program to meet includes a public health campaign to emphasize cancer risk and the importance of cancer screening; this emphasis includes communication activities that are interdependent and constructed to appeal and re-emphasize mass mediated messages to vulnerable populations. Public health campaign design includes extensive audience research, a framework for how to address health behavior, predict health outcome, a plan of communicative action and evaluation of the campaign (Du Pre, 2010). This process is iterative and interdependent as it is an evolving process and each phase of the campaign informs the other phases.

The reach of the CDS public health campaign can be attributed to the adoption and implementation of an interdependent CDC program model that includes six components. The components comprise of: screening, tracking, follow-up and case management; quality assurance and improvement systems; professional education; public education; surveillance and evaluation; and coalitions and partnerships. Within this model, the public education component includes the following communication activities: public service announcements (PSAs); low-level literacy educational materials in several languages; hair stylists trained as lay health advisors; and a toll-free referral number answered in multiple languages. Programmatic efforts thus far have led to a reduction in breast cancer mortality in California but also increased access ("more than 1,000 primary care physicians and health care providers deliver comprehensive care management" and enhanced systems-10,000 breast cancer algorithms distributed) to physicians. These numbers indicate a successful campaign however the transference of information and impact of communication activities among African Americans is not apparent by these numbers alone. A review of literature that speaks to health communication strategies and how those strategies are used to overcome communication barriers among diverse populations is necessary to assess the appeal and persuasion of breast cancer screening PSAs in the 'Every Woman Counts' campaign.

LITERATURE REVIEW

Historically, medical abuse, unethical medical experimentation and misuse have contributed to skepticism and distrust among African Americans (Washington, 2010). Health programs, promotion and services are encouraged to be presented in cultural contexts so that individuals serving in health communication and education roles may be more aware of the cultural structures in the community (De La Cancela et al., 1998; National academy of science, 2002) and challenge existing beliefs about medical personnel and the health care system. In the 1990s public health personnel saw the need to critically analyze culture and ethnicity and how these factors impact health communication among various subgroups (National academy of science, 2002). The health disparities that persisted between groups were an indication that interventions and health programs were broadly focused and needed modification (National academy of science, 2002). Culture and ethnicity, via health communication strategies, are factors considered necessary to impact health behavior.

African Americans, one of the largest minority populations in the United States, share a strong cultural and historical bond (Asante and Asante, 1985). Armstrong states African American communities share Afro centric worldviews, defined as “a paradigm that emphasizes a collective cultural relevance (that is a group oneness)” (Armstrong, 2005, p.69). Cultural identity for this population also includes religiosity and cultural pride (Kreuter and Haughton, 2006). These factors often describe some of the most important aspects in African American life and are critical to cancer screening (risk) messages disseminated to African Americans.

To address the disparity of breast cancer incidence and other diseases among African American women, health communicators have begun to tailor and target culturally appropriate messages in health promotion materials (Kreuter and McClure, 2004) and health campaigns (Frisby, 2002; Flora and Pierson, 1997). Research shows that African American women respond better to messages and health communication programs targeted toward them as a group (Ansell et al., 1988). In other instances, culturally tailored health messages, information written specifically for and disseminated to individuals based on cultural beliefs and values, may also prove beneficial when combined with behavioral tailoring (Kreuter et al., 2006). In the case of breast cancer, early detection programs and health messages targeted are tailored to African American women and could decrease the mortality and morbidity rate.

When communicating to minority populations about health risk, health communicators have also explored how information is disseminated to these populations. The communication channels that these populations receive health information could impact how messages

are perceived and whether the information is appealing (Kreuter et al., 2004). Cancer risk narratives via the television medium may be more culturally relevant among African Americans in particular because of this group's history of television consumption (Neilson, 2005). Research shows that many African Americans receive majority of their information from television and have been heavy consumers as are Latinos cited in Bryant and Zillman, (Comstock and Cobbey, 1979; Nielsen Media Research 1988, 1998) Nielsen report shows that African Americans watches 40% more television per day compared to all other households during a two month period (Neilson, 2005); Another report showed that Blacks favored seeing Black characters in television programming cited in Greenberg, (Mastro and Brand, 2002). Related to this study that analyzes cancer risk in television PSAs narrated by famous African American women, shows African Americans do strongly identify with Black characters (Greensburg and Atkin, 1982) when they are culturally identified (Whittler, 1991).

Wang and Arpan (2008) examined the effects of spokespersons of the same race as participants and found that African Americans compared to Whites respond favorably to Black spokespersons in HIV PSAs; among Whites there was no significant difference between White or Black spokespersons. Thus, culturally relevant narratives via television is an effective part of the “cancer detection programs: every woman counts,” given its incorporation of African American women as narrators in the PSAs. An analysis of cancer risk narratives has implications for how health communicators promote breast cancer screening to diverse audiences and whether culture strengthens the persuasiveness of the narrative.

THEORETICAL FRAMEWORK

Walter fisher's narrative paradigm theory

Narrative texts consist of the human experience and allow humans to tell stories through the artifacts they produce (Fisher, 1984, 1985). Because humans have a natural tendency to tell stories as part of the human experience, Fisher contends that narration consists of symbolic activity that has meaning for those who construct or encounter it (Brinson and Brown, 1997 p. 104; Fisher, 1985; Foss, 1996). He also noted that individuals are rational and this rationality is found in the narratives constructed and encountered in human experience; the narrative paradigm offers a way to interpret human communication that leads to critique and synthesizes two strands of rhetorical theory: the argumentative, persuasive theme and the literary and aesthetic theme. Narratives are considered to “hang together” and “ring true,” have narrative probability and

fidelity based on how well the argument is in the narratives that individuals experience (Fisher, 1987). The paradigm also provides a way to allow the researcher to go beyond observation or empirical inquiry. Although the paradigm facilitates the researcher to assess stories from a logical viewpoint as empirical inquiry involves, the narrative paradigm also allows the researcher to incorporate the assessment of values that social science inquiry does not (Fisher, 1984). The narrative paradigm allows for the assessment of good vs evil (as in a plot of a drama) and opens the door for the reader to adhere and take action or to reject what is being communicated in the text. Here, rhetoric is examined as a way to socially influence African American women about the danger and risk of breast cancer through a visual story. It assists the researcher with interpreting the text and determining if the communicated information is in fact reliable, believable and trustworthy and thus a desirable guide to thought, belief and action in the world (Fisher, 1985). The paradigm used examines the effects of texts pragmatically; the researcher examines not only who created the text but signs and symbols in the text that allows for a means of interpretation of human communication about breast cancer risk.

Fisher's paradigm has shown great explanatory power in analyses of health risk narratives. Brinson and Brown (1997) used Fisher's narrative paradigm to examine a 1994 CDC AIDS public health campaign. The authors note the paradigm provided a lens to examine the persuasive appeal of PSA's and effectiveness of the arguments presented. The narrative paradigm served as both a theoretical framework and lens of investigation to analyze the effectiveness and appeal of a series of HIV/AIDS PSAs. The PSAs, created to appeal to a young audience, were largely effective among the target audience because of the appealing story format and relevant information presented (Brinson and Brown, 1997). The authors also further explicated narrative probability and fidelity of the PSAs through a methodical examination of technical portions of the PSA story line.

In the HIV AIDS Campaign, the analysis revealed the PSAs did not fully address the targeted audience because of competing narratives; one in particular was a narrative that depicted "homosexual men, drug users and minorities as bad people for spreading the disease," (Brinson and Brown, 1997, p. 108). The authors posit the intended narrative in the PSA to persuade the audience about prevention was essentially weakened; competing narratives of negative criticism and blame subsequently reduced the persuasiveness of the PSA. The value of the cancer risk narrative existing in a cultural-centered context could reduce competing narratives that researchers state are barriers to persuasive communication. Some factors that are barriers include distrust of medical personnel (Pickle et al., 2002) and fatalism (Frisby, 2002) and therefore raise the effectiveness, per-

suasiveness and ultimately fidelity of the breast cancer risk narrative.

Communicating cancer risk through culturally grounded narratives

Walter Fisher (1984) reasoned that all human communication is narrative in nature and humans communicate to tell stories. The individuals receiving health information, such as African American women, judge the validity of stories by their values and belief systems. It is reasoned here that cancer risk narratives framed in a cultural context will not only resonate with African American women but could modify the dominant discourse that some scholars state impede the communication of health risk among minorities such as African Americans (Kline, 2006, 1999).

Mohan Dutta (2007) discusses the necessity of a culture-centered approach compared to a cultural-sensitive approach when communicating to diverse populations about health issues. The culture-centered approach is theorized to strengthen communication efforts among marginalized voices by including them into the dialog. Dutta describes the cultural-sensitive approach as culturally appropriate where culture is used peripherally and supports the status quo of a hegemonic society. Cultural-sensitive also refers to communication that tailors information with cultural factors that may directly influence individual attitudes, beliefs and behaviors (Dutta, 2007). Dutta theorizes that adopting the culture-centered approach would improve health communication practice because marginalized voices are part of improving that practice; dialogues with these voices are necessary to address the current social structures and change the status quo.

Larkey and Hecht (2010) take a different approach than Dutta where culture is not just tied to social structures but how groups define culture in community interaction. They propose a model that explains the role and value of culture-centric narratives in health promotion interventions designed to address health behavior. This approach compared to Dutta's culture-centered approach serves as a guide for developing the practice of health promotion among underserved populations. Narrative theory was used to identify how members of cultural groups may adopt culturally grounded messages and shape behavior. Larkey and Hecht define culture as "code, conversation and community" and theorize the approach moves beyond cultural-sensitive and cultural appropriate approaches. They theorize that the culture-centric approach is "the centrality of the cultural viewpoint, describing within-culture narrative messages reflecting valid understanding and communicating cultural essence with fidelity; narratives from cultural representatives are the medium through which this centrality is tapped,

reproduced, and shared,” (Larkey and Hecht, 2010; p. 115).

The present study’s narrative analysis suggests that breast cancer risk narratives disseminated through appropriate communication channels and presented in a cultural context with specific cues (signs, symbols and speech) are narratives African American women can identify collectively with. These cultural narratives also are more appealing and effective when culturally grounded in African American identification, experience and culture. Socio-cultural factors such as collectivism, religiosity and racial pride are potential candidates for increasing persuasiveness of health narratives targeting African American women. These factors have shown to be important to African Americans when communicating health messages in promotional health material (Kreuter et al., 2004; Lukwago et al., 2001; Lumpkins, 2010).

The focus of this study involved a critical analysis of mass mediated PSAs in the CDH “Every Woman Counts” public health campaign. A rhetorical analysis of narratives and deconstruction of cultural signs and symbols within the PSAs provided a basis to answer the study questions: Do CDH produced breast cancer screening PSAs show strong persuasive appeal for an African American target audience? After addressing this overarching question, two other questions were then posed: Will CDH produced breast cancer screening PSAs ‘ring true’ among African American women? Will CDH produced breast cancer screening PSAs hold credible among African American women?

METHODS

The narrative paradigm allowed the researcher in this investigation to critically analyze breast cancer risk narratives in television-formatted PSAs targeted to African American women and to investigate the persuasiveness of these narratives. The concept of narrationality guided the examination of narratives where the principles of narrative probability and narrative fidelity were used as heuristic tools to determine the strength of the narratives. Walter Fisher’s narrative paradigm served not only as a theoretical lens to investigate how narratives in stories influence human communication but also a method to determine persuasive argument strength and cohesiveness of the story.

The criteria included: judging the merits of the story; whether it was one’s own story/experience or another’s while engendering critical self-awareness and conscious choice when interpreting the text (Fisher, 1987).

The researcher also scrutinized technical aspects of the public service announcement such as the type of shots edited, type of music and color of visuals selected. These technical aspects were treated as representations or non-representations of either dominant (hegemonic) signs or symbols. The presence or absence of these signs signified either a conscious strategic inclusion or unconscious exclusion of health promotion materials produced to target vulnerable populations such as African American women.

The pilot sample included six made-for-television PSAs of which four included famous African American women narrators (Table 1). The CDH produced PSAs were housed on the department’s website, and served as the texts analyzed for the analysis. The

PSAs were analyzed for breast cancer risk narratives but also the technical structure (visual and audio cues). These elements were considered part of the analysis and utilized to see whether these elements contributed to the persuasiveness and effectiveness of the PSAs targeting African American women. Narrative analysis here allowed the researcher to interpret socially constructed breast cancer risk narratives originating from CDH public health personnel and whether these television-produced health promotion materials create a reality of heightened susceptibility, self-efficacy and benefits to breast cancer screening (Figure 1).

The target audience for the PSAs in the sample included underinsured and uninsured women between the ages of 40 and 60. In general, all campaign PSAs addressed breast cancer risk and highlights the importance of “every woman” counts; this consistency re-emphasized the theme and logo throughout the campaign and provided story line continuity between the PSAs. A close analysis allowed the investigator to dissect the narrative structure for strengths and weaknesses of narratives and deconstruction of verbal and visual cues in technical production. Narrative probability, fidelity, competing narratives and examination of television production all contributed to the final assessment of the effectiveness of the PSAs among African American women.

RESULTS

Narrative probability

Narrative probability is the story’s characteristics and how true its attributes are and whether it aligns with its audience. Narratives possess three characteristics which include:

- (a) Internal or argumentative consistency;
- (b) External consistency – meaning the consistency in which they align with other stories that are considered true or accurate; and
- (c) Trustworthy or believable characters (Brinson and Brown, 1997; Fisher, 1987).

Narratives also resemble stories where there is clearly a beginning, middle and end and the roles of hero and villain are often displayed. When narrative probability of a story is high, the narrative fidelity (credibility) of the story is generally high as well because the values presented in the story align with audience members and the persuasive appeal is strong. “Narrative probability refers to formal features of a story conceived as a discrete sequence of thought and or action in life literature (any recorded or written form of discourse) that is. it concerns the question of whether or not a story coheres or ‘hangs together,’ whether or not the story is free of contradictions,” (Fisher, 1985; p. 349).

Brinson and Brown (1997) expanded Fisher’s coherence of the story or how the story “hangs together” by defining the internal consistencies of the story that include prefacing, recounting and closing sequences; this structure can prove vital in the effectiveness of the viewer or listener’s belief and the narrative (Brown, 1985; Brinson and Brown, 1997). In this study, the researcher

Table 1. PSA narrative analyses results.

Public service announcement	Narrator	Narrative probability	Narrative fidelity	Competing narratives
Disappearing act	Phylicia Rashad	High probability. Heroine of same or similar race narrates the story. Cinematic storyline.	High fidelity. Color contrasts to represent time (black and white) and wellness (narrator is in color wearing white). Music. Graphic of logo represents womanhood.	Fear appeal of “disappearing”. Target is asymptomatic. No one in family has breast cancer or has a threat of it. Fatalism.
Disappearing act (Spanish version)	Latina Doctor	High probability. Medical heroine of same or similar race narrates the story. Cinematic storyline.	High fidelity. Color contrasts to represent time (black and white) and wellness (narrator is in color wearing white). Music represents. Graphic of logo represents womanhood.	Fear appeal of disappearing. Medical personnel as narrator. Target is asymptomatic. No one in family has breast cancer or has a threat of it. Fatalism.
Breast cancer dot	Ertha Kitt	High probability. Heroine of same or similar race narrates the story. Cinematic storyline.	High fidelity. Color contrasts (white = no breast cancer; black = breast cancer). Voice. Music – no music amplifies the serious tone in the plot. Graphic.	Fear appeal of the unknown. Target is asymptomatic. No one in family has breast cancer or has a threat of it.
Time bomb	Unknown/ unseen male	Medium to low probability. Unseen male narrator. Fear tactic. Cinematic storyline.	Medium fidelity. Color sepia represents stage of uncertainty. Ending represents freedom from cancer risk. Music – death march to liberation (angelic music). Graphics – dramatic open but ends with campaign logo.	Fear appeal – technical qualities that include the graphics, music and colors. Target is asymptomatic. No one in family has breast cancer or has a threat of it. Male dominance.
Time bomb (Spanish version)	Unknown/ unseen male	Medium to low probability. Unseen male narrator. Fear tactic. Cinematic storyline.	Medium fidelity. Color sepia represents stage of uncertainty. Ending represents freedom from cancer risk. Music – death march to liberation (angelic music). Graphics – dramatic open but ends with campaign logo.	Fear appeal – technical qualities that include the graphics, music and colors. Target is asymptomatic. No one in family has breast cancer or has a threat of it. Male dominance.
Do it for yourself	Maya Angelou	High probability. Heroine of same or similar race narrates the story. Cinematic storyline.		Target is asymptomatic. No one in family has breast cancer or has a threat of it.

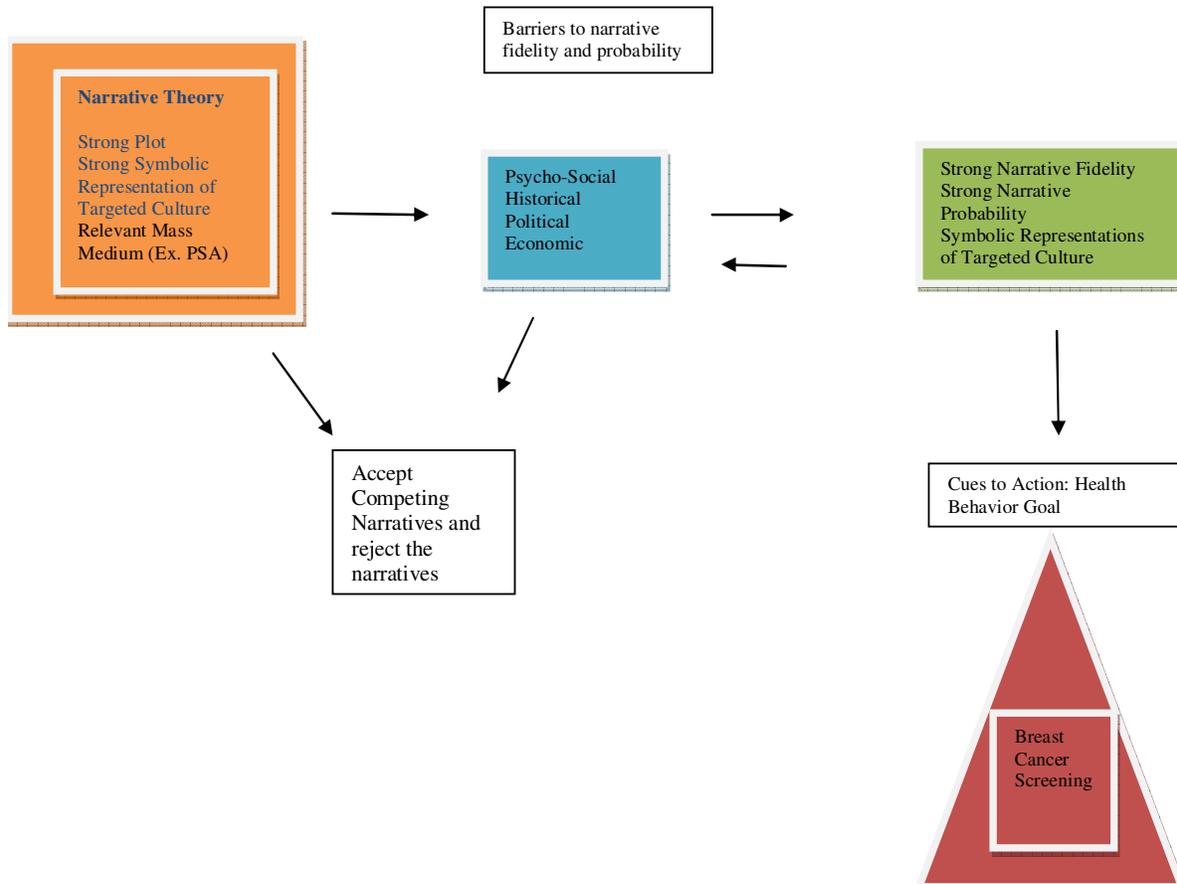


Figure 1. Narrative theory used for breast cancer advocacy.

used this approach in a cultural context to analyze the effectiveness of the PSA and whether this approach increased the “probability” and “fidelity” of the story. The following section is an examination of breast cancer risk narratives in the “every woman counts campaign” television PSAs in terms of narrative probability.

Prefacing

The PSAs were strategically placed on the CDH department website. The researcher was able to retrieve the PSAs from the department website and closely examined the first few seconds to determine whether the beginning of the story set the tone for the rest of the PSA. Prefacing, or beginning of the story, is the foundational element in building the plot with the goal to pull the reader or viewer into the storyline.

In “Disappearing Act,” the PSA begins in black and white and the story is set by the narration of a young boy speaking about his mother dancing. The next edited frame is the voice of a granddaughter who remembers time spent with her grandmother; the viewer is able to not

only hear the voices but also see the faces of the mother and grandmother as well as the children. In the “Time Bomb” PSA, the beginning is mysterious but draws the audience member in as the narrator sets up the story to talk about the time bomb in a woman’s chest. The “Dot” PSA presents a visual contrast of a small black spot on a white piece of paper as the marker for the beginning of a story; the progression of the dot shows the natural transition to the main plot in the story. The PSA featuring Maya Angelou begins with a head shot of the poetess and narration about breast cancer risk among women. The PSA from the beginning includes information concerning the triumphs of other women who have battled breast cancer and then shows various women from different races going about their daily lives with loved ones. All PSAs have a distinct beginning and draw the viewer in by gender-specific narratives and eye-catching visuals.

Recounting

A story usually has a beginning, middle and end and

often recounts the objective of the story. In all of the PSAs analyzed, the stories were recounted by the mention of getting a mammogram and showing the graphic of the logo at the end of the story; a call to action at the end of the PSA was also shown where the website information was given. In "Disappearing Act," actress Phylicia Rashad walks alongside dancing women who are shown in black and white, however she appears in color (wearing all white) as she looks into the camera and tells the viewer about the risks of getting breast cancer. "One out of eight women will have breast cancer. Women over 40 and especially over 50 are at greatest risk." Maya Angelou also narrates a PSA that casts various women of several races dancing, laughing, exercising and living their lives all after fighting and beating breast cancer. In the third PSA titled "Time Bomb," the narrators in both the English and Spanish versions are male. In this PSA, the beginning is marked by a music bed that includes a sequenced clanging bell similar to a bell used in a death-march musical score; the clang of bells combined with a crescendo of a woman's muffled singing voice serves as the backdrop for religious shows or movies and also the growing danger of breast cancer risk. In the fourth PSA, narrator Ertha Kitt verbally describes the growth of breast cancer. Kitt's voice is the "voice" of breast cancer speaking to the viewer; breast cancer visually takes the form of a small black ink dot that grows rapidly until the screen is all black. Kitt's gravel and cat-like voice is ear catching and draws the listener in. The narration led by actresses Phylicia Rashad in "Disappearing Act," and Ertha Kitt in "The Dot," the unknown male voice in the third PSA help recount the tale of the story and the importance of breast cancer screening. The PSA that features Maya Angelou places emphasis on specific words of the campaign and further draws the listener or viewer into the discourse as she emphasizes "every" woman counts and that a mammogram should be done "every" year.

The recognizable patterns throughout this series appeared to be a dramatic story open where the listener or viewer is attracted to the message; the elements of a main story line or controversy (e.g. Man vs. Nature and Man vs. Man) coupled with a heroine also is introduced. The conflict is quickly resolved after a CDH telephone number appears on the screen. Even though the PSA that features Maya Angelou begins with a headshot, she introduces the story of breast cancer survivors and how they were successful with overcoming the disease. The PSAs are short however the narratives are stories that are created to recount the benefits and urgency of breast cancer screening.

Closing

The closing for all PSAs were consistent as they provided

information or a graphic that gave the audience information to take action about breast cancer screening. The logo that appears at the end of each PSA resembles liberation as it is a graphic image of a woman with one hand lifted up which could indicate fortitude. In this campaign, the graphic could also be a representation of an opportunity to reduce the risk for breast cancer and a chance to live a long, happy life with family, friends or significant others. This analysis suggests that the probability of the breast cancer risk narrative is high and the production and persuasive value of the PSAs are internally consistent among African American women. In order to further evaluate the effectiveness of the PSAs in the 'Every Woman Counts' campaign, a close examination of narrative fidelity also is presented.

Narrative fidelity

Narrative fidelity provides an avenue where the researcher analyzes the credibility of the text as it relates to the audience. Some of the questions to ask when considering the fidelity of the text is whether the story presented is faithful to real-life experiences of the target audience and if the story is true. Brown also stated that the viability or strength of the story may be assessed by examining "how the story fits with the history, knowledge, background, and experiences of the audience members," (Brown, 1990, p 171). Narrators also contribute to the narrative fidelity of the story. An example of narrator influence is in the case of the ethnicity of the narrator; as mentioned earlier, the credibility of the message increases if the audience shares the ethnic identity of the spokesperson (Wang and Arpan, 2008). The narrative fidelity concept plays a fundamental role in evaluating the persuasive appeal of the story. In order to evaluate the narrative fidelity in the series of PSAs, the researcher examined the technical qualities, the narrators of the story, the values communicated and competing narratives that could appeal to an African American audience.

Technical qualities

The use of color, music and graphics played a large part of the technical qualities of the PSAs to strengthen the appeal. Chandler (2001) stated "rhetorical forms are deeply unavoidably involved in shaping realities," (Chandler, *Rhetorical Tropes*, p 1, 2001). Further, technical aspects of the PSAs are intrinsically woven into the promotional health message. The narrative arguments represented the sounds and imagery in the PSAs and were analyzed as a form of rhetoric.

Saussure called the 'role of signs as part of social life,' (Saussure, 1916). These forms of rhetoric are considered to be part of those signs of life and are translated into the

codes of how humans (African American women) communicate to construct reality in terms of breast cancer risk; this rhetorical communication is figurative (not literal), sustaining a system of culture or sub-culture (Chandler, 2001) and based on connotative meaning (Rhetorical Tropes, p 2).” The rhetorical codes or rhetorical tropes in the PSAs are representations of *how* things are represented rather than *what* is represented.

In “Disappearing Act,” the black and white colors contrasted to Phylicia Rashad in color are extremely appealing because they represent the past and the present. The children are in black and white in the beginning but are in color at the end pleading with women to “please call.” The fading effect toward the end also is powerful as it re-emphasizes the theme of “disappearing.” The crowd of women fades away woman by woman and two of the main characters are left dancing but then slowly fade out of view. This indicates the passing of loved ones and raises the appeal to get a mammogram. The Spanish version of “Disappearing Act,” however does not feature Phylicia Rashad but a Hispanic female physician. She, like Phylicia Rashad, is in color wearing white and contrasted to the women in the background who are shown in black and white.

In the “Time Bomb” PSA the color is sepia, a color that appears to be lifeless and is used as the setting. The “Dot” PSA, where the plot of the story is about an impending death begins with a small black dot and ends with a screen covered in black before the logo appears. The color of black is often associated with death, darkness and appears to be used here to convey the gravity of breast cancer. While you cannot see Eartha Kitt, you can hear her voice as the voice of cancer. The audio presented with the visual of the black dot serves as a technical quality that may resonate with an African American audience about the urgency of breast cancer screening.

The music bed in the majority of the PSAs is dramatic in tone and characteristically similar to Hollywood produced movies. The music background for the PSA featuring Maya Angelou however is different compared to the others as it provides a much different tone; it is characteristic of a commercial advertisement rather than a movie. This type of music which is generally a jingle where the advertiser uses music to build an association between the product and the consumer’s memory of the product is contrasted with the others. The music in the PSAs primarily personifies the mood of the characters and the plot of the story.

In some cases the music heightens the aspects of life and death. In “Time Bomb” the music begins solemnly and mimics a death-march cadence; it also spiritualizes the PSA. By the middle of the PSA, an angelic sound similar to a muffled church choir becomes the background music. The tearing away of a still shot of a woman’s chest is a dramatic and highly visual represen-

tation of the bomb finally exploding. The angelic-like music bed complementing the visual effect of the chest being ripped away could very well resonate with African American women as research shows this group utilizes spirituality and religiosity to cope with cancer and life threatening diseases (Mattis, 2002; Musgrave et al., 2002). The baritone voice and careful enunciation of certain words such as *cancer* by the narrator also accentuates the severity of breast cancer risk.

Overall, the four PSAs that featured African American women narrators, exemplified the African American woman as the omniscient entity in exception to the Time Bomb PSAs narrated by a male. However, even in the PSAs narrated by the male, there are women visually present. The music and close up of a woman’s hands clasped together resembles praying hands and a light eventually shines down on the figure of an unknown woman in the PSA. This could be appealing to African American women re-emphasizing the importance of spiritual and religious experiences as an integral part of life (Mattis, 2002). These non-discursive cues may also have symbolic meaning and therefore add to symbolic activity of cultural relevancy and identity in the life of African American women. This further illustrates the role that cancer risk narratives and symbolic representations of culture have in shaping the structure and ultimately dissemination of health promotion materials to African American women.

Values communicated

Fisher contends narrative fidelity also is established by the strength and soundness of the reasons it gives for accepting the narrative and or adhering to the advice fostered (Fisher, 1984). The good values that resurface in all of the PSAs reflect the values of African Americans and the socio-cultural factors that are appealing to this group. The values are collectivistic in nature and also emphasize freedom of pain and worry. African American families have traditionally been collectivistic because of the emphasis on extended families and multiple partners who comprise of the family unit and also the collective efforts in raising children (Lukwago et al., 2001).

The family is consistently put in the story plot in all PSAs except one (time bomb). In the PSA that features Maya Angelou, her narration includes the phrase “do it for your family, do it for yourself,” several times. The family also is emphasized in the “Disappearing Act,” story line; the loss of a mother is the primary focus concerning the aftermath of breast cancer. These PSAs provide valid and good reason to not only accept the message but to take action. Because the PSAs met specific criteria (technical qualities and values) and included narratives that would resonate with African American women, they are well situated for achieving narrative fidelity. In

addition, the majority of the PSAs are narrated by African American women. These spokespersons could further impact the fidelity of the PSA because of the audience's ability to ethnically identify with the narrator and family-centered messages.

Competing narratives

Fisher also argued that the meaning and value of a story must be compared and contrasted to other similar stories (Fisher, 1987). The question of how it stands in comparison to health risk narratives in other stories must be explored in an effort to understand how the story under examination resides in a cultural context outside of its own text.

There are other health and cancer risk narratives that exclude or marginalize African American women because the information is packaged in threatening ways (Pickle et al., 2002); when the information is presented in these contexts, this group may become or remain fatalistic. Research indicates that there are some African Americans that believe if it is meant for them to be cured, they will be cured or healed if they were to be diagnosed with breast cancer (Frisby, 2002). There also are other competing narratives that include fear of the unknown concerning cancer and distrust of medical information originating from predominately white and/or mainstream media in which history has told them to be untrusting of media (Pickle et al., 2002) and of physicians (Corbie-Smith et al., 2002).

In this public health campaign the creators have tried to advocate breast cancer screening by including African American narrators in a credible, believable and appealing story plot however there were threats to the cancer risk narratives. Narratives for one group or population may not necessarily resonate with sub-groups within the population. In this case of narratives disseminated through the mass media, targeted information has strengths but also weaknesses. Targeted information does not account for individual differences; tailored information, information specifically designed to address individual beliefs and perceptions about a specific health topic, may be more acceptable and reliable communication (Kreuter et al., 2003). Whether health communication personnel include tailored, targeted or both types of messaging for a public health campaign, the selection based on this analysis should be culturally influenced and ultimately culturally grounded. These types of narratives, disseminated through relevant communication vehicles, are more likely to resonate with the target audience and ultimately improve information reach and screening behavior outcome.

DISCUSSION

Breast cancer incidence among women has decreased

but morbidity and mortality remain high among African American women when compared to other races and ethnicities. The narratives in the PSAs examined are highly probable and would ring true with the targeted audience when analyzed through Walter Fisher's narrative paradigm lens. The story is internally consistent communicating the importance of family values and re-emphasizing healthy lifestyles via a spokesperson the audience can readily identify with. These are values that many African Americans believe are important to daily survival and coping with life threatening situations such as cancer (Musgrave et al., 2002). In addition, other aspects of the PSA enhance cultural appropriateness and relevancy and overall message design.

Even though the narrative probability and fidelity of the public education portion of the campaign are strong, the competing narratives pose a threat to the fidelity of the PSAs and could possibly alienate some audience members. To minimize these threats, the creators of the campaign and others who design public health campaigns may take a culture-centered (Dutta, 2007) or culture-centric approach (Larkey and Hecht, 2010) when creating health promotion materials. These approaches, rather than a culture-sensitive approach as Dutta (2007) suggests, may not resonate with the targeted audience. This culture-centered or culture-centric approach essentially increases the credibility or fidelity of the cancer risk narrative because culture is infused in all aspects of the communication process (sender, message, channel and receiver). Through culturally grounded communication, there is a higher probability that health communication personnel will achieve the goal of reaching diverse populations and impacting cancer screening behavior. Culturally grounded messages disseminated through appropriate channels such as direct marketing materials (tailoring) or mobile advertising (targeting) for instance have the potential to break through prevalent barriers among African Americans.

Some limitations of this study were the size of the sample and uncertainty about the broadcast times and dates; additional research should be conducted by examining a larger sample. A content analysis of all PSAs throughout the campaign along with outcome goals of the campaign could show the strength and other weaknesses of this communication tactic. The PSAs analyzed were only a small portion of the campaign and were those posted on the CDH website however the PSAs could have been broadcast on multiple television stations throughout the state. An analysis of all promotional materials and discussions with personnel who produced the PSAs could provide a holistic view of the planning and scope of the campaign. Future research should include probing the target audiences via in-depth interviews or focus groups to ask directly if they feel the PSAs were effective, appealing and relevant.

This study's focus was to analyze one aspect of the CDH campaign and the texts available for the general public. Thus, the study is only a starting point where health communicators can discuss ways to theorize about grounding culture in public health campaigns to successfully target minority populations concerning cancer risk.

ACKNOWLEDGEMENTS

The author wishes to thank Debbie Garrett and Ana Bolanos of the Cancer Detection Section at the California Department of Public Health.

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