The Gatekeeping Funnel: Tracking a Major PSA Campaign from Distribution through Gatekeepers to Target Audience

Sharon Lee Hammond, MA
Vicki S. Freimuth, PhD
William Morrison, MS

This article presents the gatekeeping funnel as a model of the process that a public service announcement (PSA) goes through from distribution until it reaches its target audience. Process measures such as bounceback postcards, the Broadcast Advertisers Report (BAR), and analysis of audience response are suggested as ways of monitoring this funneling process.

The model is then applied to the National Cancer Institute’s PSA campaign designed to promote cancer prevention awareness. Three waves of PSAs were distributed between March 1984 and May 1985. Two of these waves of PSAs were targeted to the general public and the third wave was targeted to black audiences.

Bounceback postcards, BAR data, and the Cancer Information Service (CIS) call data exemplify the gatekeeping funnel model described in the article. When the messages were distributed, they had the potential of reaching 170 million adults with televisions. BAR data show that the gatekeeping function narrowed the number of people potentially exposed to the messages to 24 million, or 14% of the total. Yet only 144,000 people, or less than one-tenth of 1% responded to the messages by calling the CIS number and asking about cancer prevention. This analysis may help PSA campaign planners to develop more realistic expectations for message effects.

INTRODUCTION

Public service announcements (PSAs) are considered an integral part of many mass-mediated health promotion campaigns. Because of the low budgets of many of the nonprofit organizations conducting the campaigns, PSAs are often plagued by poor production quality and unimaginative content. Yet, PSAs have been shown to be an inexpensive method of “encouraging individual response to social problems.” For example, PSAs are an important tool in the Stanford Heart Disease Prevention Program. This successful health promotion program demonstrated that the use of mass
media can be effective in persuading target audiences to improve their health behavior. A cautious optimism is also expressed by Atkin in his review of mass-mediated health communication campaigns. Atkin concludes that “the use of mass media campaigns can produce modest influence on the health orientations of the audience.” Moreover, a mass media campaign designed to increase public understanding of the dangers of asbestos exposure also yielded positive results in awareness and attitude change among targeted groups.

Admittedly, most of the successful campaigns do not rely on PSAs alone. Most health promotion campaigns combine multi-media PSAs, press releases, posters, and informational brochures with interpersonal communication activities. Some PSA producers seem to be “naively optimistic” concerning the effect of their television efforts alone. They cite statistics about the millions of TV watchers each day, extrapolate from these figures the “awesome might of advertising,” and extend this power to their PSAs. However, Heighton and Cunningham warn that the “advertiser who concludes that his message is watched by the same number of viewers who watch the program is deluding himself. The actual figure of program viewers devoting full attention to the accompanying advertising message may be less than 50%.” Undoubtedly, this percent decreases even more for PSAs which often are not as expensively produced nor placed strategically to appeal to the program’s target viewers. For example, in an examination of some high blood pressure PSAs, it was found that several spots were shown during Saturday morning cartoon shows.

In this article, a more realistic expectation of the contribution PSAs may make toward creating awareness, information seeking, and potential behavior change in the target audience will be developed by tracking a major PSA campaign through a funneling process controlled by media gatekeepers. The data used in this analysis monitored exposure to television PSAs only, and the results should, therefore, only be generalized to PSA efforts for television.

This article will examine the exposure to a PSA campaign as determined by several process evaluation measures. Process evaluation, one step in the six stages of health communication as identified by the U.S. Department of Health and Human Services, is feedback obtained as the campaign progresses, rather than outcome or impact evaluation which only examines the final effects of the campaign. The process measures of exposure examined in this analysis are: bounceback postcards, a commercial monitoring service, and audience response to the message.

DEVELOPMENT OF PSAs

The Federal Communication Commission (FCC) defines a PSA as a message “for which no charge is made and which promotes programs, activities, or services of federal, state, or local governments (e.g., recruiting and selling war bonds) or the programs, activities, or services of nonprofit organizations (e.g., United Way and the American Red Cross) and other announcements regarded as serving community interests excluding time signals, routine weather announcements and promotional announcements.” These spots, which usually range from 10 to 60 sec, are heard on radio and seen on television and in print media.

Specific guidelines and techniques have been identified to aid campaign planners in developing effective and interesting PSAs. The first few stages in the health commun
cation process describe the formulation of a communication strategy, the development of message concepts, the pretesting of rough messages, and implementation of finished PSAs. It is the next stage in the process that is important to this analysis—assessing in-market effectiveness through an analysis of the gatekeeping function.

THE ROLE OF GATEKEEPERS IN THE DISTRIBUTION OF PSAs

Even though a PSA producer has carefully defined and described the target audience, has followed the guidelines for developing effective messages, and has encouraging pretest results, the PSA campaign may still fail if it is not received positively by the media gatekeepers.\(^\text{10}\)

There are really two audiences the PSA producer must motivate. The obvious group, of course, are those members of the public to whom messages are directed. However, most important are the broadcast station decisionmakers who literally have the power of life and death over every public service effort.\(^\text{11}\) PSA campaigns must rely on media gatekeepers to provide free exposure of the messages. These media gatekeepers may be called public service directors in large stations or may be the same individual responsible for all programming at the smaller stations. Novak's\(^\text{12}\) in-depth study of five Washington, DC television public service directors revealed that there may be more than one gatekeeper at each station controlling the airing of the PSA. Novak found that while the public service director initially screened the PSAs, often the traffic department or nameless engineers and technicians, decided if and when to air a given PSA.

Because of an overabundance of PSAs, radio and television stations receive many more than they use. Toran\(^\text{13}\) conducted a survey of 152 radio stations and found that about 20% of stations reject approximately nine out of ten PSAs they receive. More than 40% of the stations throw out seven of every ten PSAs that come in. The situation is similar at television stations. One Washington, DC television station estimated that it received 700–800 PSAs per month.\(^\text{12}\) Advertising Age\(^\text{14}\) reported a study of TV PSAs which found that only a small fraction actually get on the air. On the day selected for this study, networks sent 47 PSAs into the 11 sample markets, representing 517 potential airings. Rejected PSAs brought the potential airings down to 484. Nielsen data showed a baseline potential audience of 30,584,000 homes. However, substitution of local commercials, plus some local PSAs and promotions, left only 3,606,000, or 11.8% of the total potential audience. While the commercial value of the 484 potential spots was $61,352, the value of the time actually devoted to the network PSAs was only $3,958.

The media gatekeeper controls not only whether the PSA ever gets aired, but also the frequency and timing of the exposure. Research shows that it is important to expose the audience to a PSA repeatedly but to avoid oversaturating them.\(^\text{15}\) PSA gatekeepers typically project playing a PSA over eight to twelve weeks.\(^\text{4,15}\) Yet in an evaluation for a Federal Trade Commission's PSA campaign on consumer rights and equal rights for women, a survey of PSA directors after the campaign indicated that they actually used the spots over 20–29 weeks.\(^\text{16}\)

Timing of the exposure of PSAs is a well-known problem. Stations usually run PSAs when they cannot sell commercial time. Indeed, all five public service directors interviewed by Novak\(^\text{12}\) indicated that PSAs were scheduled during unsold commercial
time. Hence, few PSAs are played during prime time. A 1977 Federal Communications Commission report stated that although public service advertising occupies one out of every 43 broadcast minutes, over one-third of public service time occurred during the "graveyard" hours between 11 pm and 8 am, thus limiting the number of potential viewers. In the evaluation of a Federal Trade Commission campaign, eight station logs were analyzed for time of exposure.\textsuperscript{16} Thirty-four percent of the spots were shown between sign-on and noon, 18\% between noon and 5 pm, 10\% between 5 pm and prime time, and 27\% between prime time and signoff.

Research has shown that media gatekeepers are a critical link between the PSA and the public. They have control over whether the spot will be seen as well as when and how often. The airing and potential exposure of these PSAs is determined by process evaluations of exposure. Three typical ways of assessing the success of the PSA through the gatekeeping review are described below.

**PROCESS MEASURES OF EXPOSURE**

**Bounceback Postcards**

Bounceback postcards are postage-paid postcards sent to public service directors with the PSAs. They contain a brief questionnaire which asks the station if it plans to run the PSA, what lengths it prefers, how long it will use the spots, and any additional comments or suggestions. This process measure is a weak evaluation tool because it measures projected play rather than actual play. However, it may give some indication of the public service directors' reactions to the messages.

In the Federal Trade Commission's campaign on consumer rights and equal credit for women, 22\% of the radio and 35\% of the television stations returned the postcards.\textsuperscript{16} This return rate is higher than the asbestos awareness campaign where 16\% of the radio and 29\% of the television stations returned the cards.\textsuperscript{4} In an evaluation of a drug abuse prevention campaign, however, virtually none of the public service directors in 10 participating cities returned the forms as requested.\textsuperscript{17} Similar results were obtained in a Canadian study. According to the evaluations of a Canadian drug and alcohol radio campaign, "despite the simplicity of the schedule cards, they were unsuccessful in eliciting complete information concerning frequency broadcasts. Only 12 of the 118 radio stations returned the cards."\textsuperscript{18} Obviously, response rates do vary from one campaign to the next and can provide some measure of the success of a campaign with gatekeepers. Even better assessments can be made when comparative data are available on the same topic. For example, the National High Blood Pressure Education program has evaluated more than six television PSA campaigns with these response cards. These comparative data can give them an indication of the relative effectiveness of each set of messages.

**Commercial Monitoring Services**

A more exact but expensive way to assess the reach and frequency of a campaign is to purchase this information from commercial monitoring services.\textsuperscript{19} Broadcast Advertisers Reports, Inc. (BAR), one of these commercial services, monitors 263 television
stations in the 75 largest TV markets throughout the United States, one full week per
month. Fifteen to 20 markets are monitored each week so that over the course of the
month all of the top 75 markets are covered.

Through its permanent recording facilities, located in each market, stations are
monitored from the time they go on the air until the time they go off the air. Audio
tapes are made of each station's broadcast service. Chronological logs are created from
these tapes that include all TV programs that have been broadcast and all spot TV
public service announcements that are requested.

BAR reports for each of the 75 markets are published every month. The public ser-
vice report consists of an exact schedule of all spots aired during the monitored week
in each market arranged by market and station. Each message being monitored is iden-
tified by date, day of the week, time, television day part (e.g., daytime prime time, late
fringe), length (60 versus 30 versus 10 seconds), name of program in which message
was aired, and whether the message was aired during a station break (between consecu-
tive programs) or within a program. In addition to these data, BAR provides a sum-
mary report of the estimated dollar value of public service announcement air time and
a demographic breakdown of the audience reached at each time a message was broad-
cast. The latter analysis is done by correlating BAR monitoring data with audience rat-
ing data from A.C. Nielsen Co. or Arbitron. This service is expensive, but it provides
the best process measure of exposure.

BAR estimates that in spot TV alone, the organization monitors more than 3 mil-
lion advertisements each year.

Audience Response to the Message

Often there are monitoring processes in place which can be used to assess the im-
pact of the PSA campaign as it is implemented. For example, many PSAs ask the
public to write or call for additional information. The number of calls and letters is
one measure of the success of the campaign. In the asbestos awareness campaign, for
example, 19,936 calls and letters were monitored by local and national cancer of-

Caution must be observed, however, when assessing effectiveness based on this kind
of active information seeking. For example, Freimuth and Marron found that only
10% of their surveyed sample had ever requested additional health information as a
result of a radio or television message.

THE GATEKEEPING FUNNEL

The process of distributing a PSA through media gatekeepers to the public repre-
sents a continually narrowing sequence. A model of this process is illustrated in
Figure 1.

A single PSA may be distributed to hundreds or thousands of television stations
nationally. However, only a percentage of media gatekeepers report through bounce-
back postcards an intention to air the PSA. Granted, failure to return the postcard
does not preclude its use. Nor as Freimuth notes does return of the postcard guar-
antee that the PSA will be aired.
The narrowing process of the funnel shows that the actual airing of the PSA as measured by a commercial monitoring service will probably be less than the predicted airing by gatekeepers.

Our funnel model of the gatekeeping process narrows even further when PSAs finally reach their audience. Not all of this narrowing is due to the gatekeepers' influence, however. The audience also selectively exposes themselves to messages. Mendelsohn described this process as avoiding exposure to messages that we have no interest in, or if we happen by chance to come upon the message, ignoring it or selecting out only that portion of the message which reinforces our prejudices, interests, and likes, or simply forgetting everything about the subject to which we have been forcibly exposed.

Therefore, the "bottom" of the funnel represents how limited the expected audience reaction to the PSA should be, given this narrowing process.

The next section applies the gatekeeping model to a recent major health PSA campaign.

**DESCRIPTION OF NCI CAMPAIGN**

Motivated by strong evidence that cancer is associated with personal behavior choices and that the public's view of cancer is confused and skeptical, the National Cancer Institute (NCI) developed a National Cancer Prevention Awareness program which was publicly launched in early 1984. Implemented by the National Cancer Institute's Office of Cancer Communications, the Cancer Prevention Awareness pro-
gram is one of several NCI efforts implemented to attain the goal of reducing cancer mortality by 50% by the year 2000. Phase 1 of this program was directed at general audiences through mass media channels.

Crucial to this effort was the production, distribution, and promotion of three waves of public service announcements. These were developed in order to create awareness of cancer risk factors and to publicize the availability of the new cancer prevention booklet, “Good News, Better News, Best News: Cancer Prevention” through promotion of the toll-free Cancer Information Service telephone number, 1-800-4-CANCER.

Two PSAs were used in Wave I, “Hardhat” and “Checkout.” “Hardhat” featured a construction worker telling the audience that he had good news—that some cancers can be prevented, and a free booklet is available to tell them how. “Checkout” was set in a grocery store and showed a checkout clerk talking about food choices as cancer prevention and the free booklet that would help. The booklet and the PSAs were produced in both English and Spanish. These two Wave I PSAs were distributed together in early Spring 1984.

Wave II of Phase 1 also featured two PSAs, “Lifesaver” and “Good News.” “Lifesaver” was set on a beach and addressed ways of protecting oneself from skin cancer. This PSA was the only spot that was produced in both 20- and 30-second formats. All other NCI spots are 30-second formats. “Good News” showed a mail carrier presumably returning home after delivering a day’s mail and finding a copy of the advertised cancer booklet in his own mailbox. These two spots were distributed together in July 1984.

Two PSAs featuring Aretha Franklin as spokesperson were produced for Wave III of Phase 1. “Aretha 1” and “Aretha 2” were targeted specifically to blacks and were distributed in May 1985 to the top 50 markets only.

NCI Analysis of Bounceback Postcards

NCI distributed bounceback postcards with their PSAs to 1200 television stations throughout the United States. From 10% - 18% of the station managers (gatekeepers) returned the bounceback postcards indicating their intention to air the PSA. Generally, the majority of those who responded said that they would run the PSAs less than five times a week, but that they would continue to air them for an extended period, i.e., two or three months. When indicating the times they would air the PSA, the overwhelming majority of gatekeepers reported that they would air them “run of schedule.” Run of schedule means that no specific time for playing the PSA can be guaranteed, but that the spots will be played whenever it is convenient for the station.

An analysis of the planned airings per week and planned number of weeks of airing as reported by the gatekeepers for the NCI Cancer Prevention Awareness PSAs is shown in Table 1.

As stated, 10% to 18% of the gatekeepers returned the bounceback postcards from the NCI campaign. The High Blood Pressure Education campaign, a multi-year national campaign conducted by the National Heart, Lung and Blood Institute (NHLBI), also routinely measures the gatekeeping function as an assessment of campaign effective-
Table 1. Intentions of Gatekeepers Responding to Bounceback Postcards

<table>
<thead>
<tr>
<th>Wave</th>
<th>Planned Airings Per Week</th>
<th>Planned Number of Weeks of Airing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt; 5</td>
<td>&gt; 5</td>
</tr>
<tr>
<td>Wave I Hardhat Checkout</td>
<td>76% (n=170)</td>
<td>24%</td>
</tr>
<tr>
<td>Wave II Lifesaver Good News</td>
<td>71% (n=90)</td>
<td>29%</td>
</tr>
<tr>
<td>Wave III Aretha 1 Aretha 2</td>
<td>86% (n=37)</td>
<td>14%</td>
</tr>
</tbody>
</table>

Table 2. Summary Table: All NCI Cancer Prevention Awareness PSAs

<table>
<thead>
<tr>
<th>Wave</th>
<th>Total # of Spots</th>
<th>Estimated $ Value</th>
<th>Number of Markets</th>
<th>% of TV Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wave I</td>
<td>2437</td>
<td>$336,754</td>
<td>71/75</td>
<td>22.44</td>
</tr>
<tr>
<td>Wave II</td>
<td>1513</td>
<td>$264,745</td>
<td>53/75</td>
<td>25.10</td>
</tr>
<tr>
<td>Wave III</td>
<td>1080</td>
<td>$157,140</td>
<td>40/50</td>
<td>37.01</td>
</tr>
<tr>
<td>Total</td>
<td>5030</td>
<td>$758,639</td>
<td>(53/75)</td>
<td>28.18&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>a</sup>Projected to 75 markets for comparison purposes only.
<sup>b</sup>Average.

ness. As a comparison, NHLBI reports that in past blood pressure campaigns, an average of 33% of the bounceback postcards were returned from gatekeepers.

NCI Analysis of BAR Data

As mentioned in a previous section, Broadcast Advertisers Reports, Inc., is a commercial service which monitors television stations in selected markets of the United States one full week per month. NCI purchased these reports for a 21-month period beginning January 1984 and ending September 1985.7

Table 2 shows that the three waves of NCI Cancer Prevention Awareness PSAs were aired over 5000 times during the 21-month period at an estimated value of over three-quarters of a million dollars. The spots were shown in an average of three-quarters of the monitored markets and reached an average of 28% of the TV homes in those markets.

Again to provide a basis for comparison, Table 3 shows peak months of airing for the NCI PSAs compared to the peak month of the High Blood Pressure Education program. As shown, the Education program PSAs exceeded the individual waves of NCI.
Table 3. Peak Month of NCI PSA Waves Compared with HBPE Peak Month

<table>
<thead>
<tr>
<th>Wave</th>
<th>Total # of Spots</th>
<th>Estimated $ Value</th>
<th>Estimated $ Value Per Spot</th>
<th>Number of Markets</th>
<th>% of TV Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wave I</td>
<td>265</td>
<td>$44,550</td>
<td>$168</td>
<td>27</td>
<td>35.04</td>
</tr>
<tr>
<td>Wave II</td>
<td>798</td>
<td>$96,230</td>
<td>$121</td>
<td>38</td>
<td>57.83</td>
</tr>
<tr>
<td>Wave III</td>
<td>365 (485)</td>
<td>$45,895</td>
<td>$125</td>
<td>27</td>
<td>41.25</td>
</tr>
<tr>
<td></td>
<td>(61,040)</td>
<td>($125)</td>
<td>(36)</td>
<td>(54.86)</td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure Education Program</td>
<td>928</td>
<td>$147,504</td>
<td>$158</td>
<td>47</td>
<td>55.97</td>
</tr>
</tbody>
</table>

*Projected figures for 75 possible markets for comparison purposes only.

PSAs in total number of spots, estimated dollar value per spot, and number of markets. The figures suggest that the PSAs from the High Blood Pressure Education program were more successful in surviving the media gatekeeper review than were the individual waves of NCI PSAs.

It is tempting to compare planned airings (as shown in bounceback postcard data) to actual airings (as shown by BAR). However, as mentioned previously, bounceback postcards are not a good predictor of actual airing even though many PSA producers use the data for just this purpose. Bounceback postcards are a good strategy to use for enticing media gatekeepers into committing themselves to air the spot. The response to bounceback cards does, of course, indicate a greater interest in the spot by the gatekeeper. It is not, however, a good evaluation tool of the success of the campaign because the response rate is usually quite low.

NCI Analysis of Audience Response to PSA

All of the PSAs in the three waves of the NCI Cancer Prevention Awareness campaign included an offer for a free booklet on cancer prevention which could be obtained by calling the toll-free number of the Cancer Information Service (CIS), 1-800-4-CANCER. Records of these calls to the CIS were analyzed over time to assess the audience response to the PSAs.

CIS Prevention Calls

The CIS is a toll-free telephone inquiry service that supplies information about cancer and cancer-related resources to cancer patients and their families as well as to the general public. The CIS network consists of more than 20 regional offices, serving 75% of the U.S. population. Most offices cover a single state or large population area; others cover several states. A national office handles inquiries from remaining areas and provides nationwide coverage after hours and on weekends. The service was created to provide rapid access to the latest information about cancer, to address the
particular needs of the population served by each office, and to bridge the gap between cancer research and personal action.

Since 1983, every CIS office has documented each call it receives on a standard call form. This form records information on the type of caller, the nature of the inquiry, the cancer sites mentioned, designated high risk factors, whether the call concerned metastatic disease, behavioral suggestions given to the caller, and referrals to physicians, clinical trials, and community resources. In addition, information about the caller is obtained including: (1) previous use of the CIS, (2) how the caller learned about the CIS (i.e., television public service announcement, from a friend, etc.), and demographic data (age, sex, education, ethnic background, and location). Finally, the staff member records the amount of time spent responding to the question as well as the amount of time needed to research the answer.

These data are then reported semiannually to the national office by each local office using a standard reporting format. All these local data have been collected into a single database which consists of over a million calls made between January 1983 and December 1985.

**Analysis of Calls**

For the purposes of this article, only the calls that specifically asked about prevention were included in the analysis. In order to compare the number of prevention calls made before and after the three waves of the NCI campaign, the time frame selected was October 1983 through December 1985. Figure 2 shows the monthly totals for...
prevention calls from October 1983 to December 1985 and overlays the dates when each wave of PSAs was distributed.

Clearly, the distribution of PSAs coincided with a dramatic increase in prevention calls. The first wave of PSAs was distributed in early March 1984. The total prevention calls increased from 323 for February to 6842 for March and 13,565 for April. Over 20 times as many prevention calls were made in March after Wave I PSAs than in February. Wave II and III PSAs were also followed by increases in prevention calls, but the extent of the increase was not as dramatic. Following the distribution of Wave II PSAs, prevention calls rose from 8788 to 14,773—almost double. Again prevention calls roughly doubled between April and May 1985 following the distribution of Wave III PSAs.

Since Wave III PSAs were specifically targeted to black audiences, a separate monthly analysis of prevention calls from blacks was completed. The results can be examined in Figure 3.

Even though Wave I and II PSAs were not targeted specifically to blacks, the same 20-fold increase seen for all prevention calls also occurred for calls from blacks (15 to 378) following the distribution of Wave I PSAs. Additionally, prevention calls from blacks almost doubled (589 to 865) following Wave II PSAs, mirroring the trend seen in total prevention calls. Following the distribution of Wave III PSAs, which were targeted to blacks, the number of prevention calls from blacks tripled (222 to 641) compared to only doubling (8105 to 17,649) for the total callers.

Another way of examining the effectiveness of targeting messages to black audiences is to calculate what percentage of all prevention calls are made by blacks and see if that proportion changes after a targeted PSA campaign. From October 1983 to May
1985, prevention calls from blacks consistently represented between 4% and 7% of the total prevention calls. Following the May 1985 distribution of Wave III PSAs targeted to blacks, the percentage of prevention calls from blacks increased to between 10% and 16% for the remaining months analyzed (June to December 1985). Obviously, PSAs targeted specifically to blacks were followed by disproportionately high responses from blacks.

All CIS callers are asked to identify their first source of knowledge about the CIS. Normally, the call record form does not identify specific television messages. However, following the distribution of Wave III PSAs featuring Aretha Franklin, CIS staff members were asked to separately code the callers that identified their source as the PSA “Aretha.”

An analysis of this specific code shows that from June through December 1985, 3196 callers specifically identified the PSA “Aretha” as their source of information about CIS. Of these 3196 calls, blacks accounted for 2767 or 86% of them. Clearly, the strategy of targeting directly to the black audience was successful.

**CONCLUSIONS**

Campaign planners are often naively optimistic about the potential reach of their PSAs. This article presents a more realistic view of the potential exposure to a message by the target audience. From their distribution to gatekeepers, these PSAs progress through a narrow funnel-like process where the gatekeeper controls the messages’ potential exposure. Process measures of evaluation can be used to estimate the proportion of the target audience reached by a message.

Figure 4 illustrates the gatekeeping model including the actual evaluation figures from the NCI Cancer Prevention Awareness campaign.

As shown the total target population of the campaign was 170,360,000. This number is derived from A. C. Nielsen Co. figures for October 1985 of the total U.S. population over 18 years old with televisions.

An analysis of Broadcast Advertisers Reports for the NCI campaign showed that the PSAs were aired 5030 times during a 21-month period. During this time, BAR estimates that 28.18% of the total television homes were exposed to the message. Using the Nielsen population figures and assuming two adults per household, this percent of exposure equals to 24,003,720 people having potentially viewed the PSAs, only 14% of the target population.

Even more enlightening are the figures for the number of responses by individuals to the message. As shown, 144,442 people called in to the Cancer Information Service to request information on cancer prevention during the 21-month period analyzed, only 0.09% of the target population. Granted, many people who were exposed to the message may not have called for further information. On the other hand, not everyone who called for prevention information was responding directly to the PSAs. However, if the goal of the campaign is to induce information seeking by the public about cancer prevention, then this active audience response is the best indicator of the effectiveness of the campaign.

As suggested by this analysis, only an extremely small percentage of a target population is usually reached by a public service message. Gatekeepers play a critical role in this exposure process. Since a PSA must first make it through the media gate-
keeper's initial screening before it has any potential impact on its target audience, it is critical to learn more about the gatekeeper's selection criteria. Freimuth\textsuperscript{10} has identified some characteristics of effective messages, including using credible spokespersons and appropriate persuasive strategies. However, Freimuth cautions that more research in this area is needed.

Process evaluation measures, the next to last stage in the health communication process, are a good indicator of the in-market effectiveness of a PSA campaign. During the final stage of this process, information gained from these evaluation measures is used to modify and replan a new cycle of messages and materials. Analysis of process evaluation data of an ongoing PSA campaign may assure a more realistic expectation of future target audience exposure.

References


