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ABSTRACT

The role of news media as gatekeepers controlling the flow of information that the public receives was explored during the 1978 Asbestos Awareness campaign conducted by the Department of Health, Education, and Welfare (HEW). In an effort to inform high risk workers and the general public about the health hazards associated with asbestos exposure, HEW produced and distributed public service announcements (PSA) to radio and television networks and distributed packets of information about asbestos to newspapers. Gallup Polls conducted three times during the campaign indicated an increase in public awareness of asbestos dangers. The results of the follow-up of this model PSA campaign suggested the importance of considering the media's role as gatekeeper when assessing the effectiveness of an information dissemination campaign, particularly the role of print media, which are able to alter information for editorial purposes and may often have sensationalistic priorities for the nature of their coverage of public service topics. (HTH)

THE ROLE OF GATEKEEPERS IN THE ASBESTOS AWARENESS CAMPAIGN*

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Most of the literature on mass media diffusion campaigns assumes that the change agent has complete control over what messages are received by the public. This assumption can be misleading in social issue campaigns in which the change agent is relying on the media gatekeepers to provide free exposure of the messages via public service announcements (PSA) or press releases. The purpose of this study is to analyse the Asbestos Awareness Campaign's communication to the public through the media gatekeepers.

The role of the gatekeeper in news reporting has been documented in newspapers (12) television, (1) and radio (2). Health communicators have expressed concern over the quantity and quality of coverage of health news. A study of the federal government-daily press relationship (8) analyzed the coverage of the Department of Health, Education, and Welfare (HEW) for one month in 1963. HEW issued 34 releases totaling 16,000 words during that month. Although the wire services, API and UPI, carried these stories, the majority of the 22 large papers under study did not publish many of these stories. The coverage for the month ranged from a total of 73 stories in the Washington Star and Post to only six in the Miami Herald and the News and only five in the Chicago Tribune and the News.

In addition to the concern over the amount of coverage, the content of health news stories is often criticized. For example, research on news judgments of editors, scientists, science writers, and science news readers indicates that editors' judgments of what constitutes science news are based on different criteria from those of the other three groups (11). Moreover, the accuracy of the final health news story is often questioned (13).

In addition to press releases of health news, health communicators depend heavily on public service announcements to get messages to the public. Little research has examined the gatekeeper's role in deciding if and when these PSA's will reach the public. This study examines the role of the media gatekeepers in disseminating health information to the public.

First, a description of the Asbestos Awareness Campaign includes the objectives of the campaign, the elements of the campaign and the high priority markets. Following this description, each medium utilized in the campaign is discussed in terms of the role its gatekeepers played in disseminating the information. Finally, the effectiveness of the campaign with the general public is evaluated.

DESCRIPTION OF THE ASBESTOS AWARENESS CAMPAIGN

The Asbestos Awareness Campaign was an effort to inform former workers, current workers and others at risk about the hazards associated with asbestos exposure. The serious diseases associated with asbestos take a long time to develop--from 15 to 35 or more years--and recent studies have underscored that workers exposed in the past, especially those from the war years, may just now be facing immediate, serious health threats. Accordingly, the Department of Health, Education, and Welfare, primarily through the National Cancer Institute, launched a campaign to inform doctors, workers, and others about the increased risks of asbestos exposure. The campaign began April 26, 1978, with a press release from Joseph Califano, Jr., Secretary of Health, Education and Welfare.

The primary objective of the campaign was to communicate to the high risk target audiences and the general public the nature, extent, and seriousness of asbestos exposure. In order to create supportive, non-threatening messages, the campaign included the following secondary objectives:

1. Stop smoking cigarettes
2. Consult a physician if there has been possible exposure
3. Seek prompt medical treatment for any respiratory ailment
4. Obtain further information

The high risk target audiences were former workers and present workers. Approximately 75% of those exposed are former workers, and over half of these individuals were exposed by working in shipyards during World War II. These former workers are estimated to be over 60 years old; primarily white males; blue collar; and living primarily on the East, West, and Gulf Coasts and Great Lakes. The present workers represent about 25% of those exposed. In addition to shipyard work, other exposures may have occured in such industries as: asbestos mining and processing; construction and building trades, including renovation; automotive brake and clutch installation and repair; and the manufacture of a wide variety of asbestos products. In order to reach these high risk groups, 16 media markets were identified as locations including large numbers of potentially exposed individuals. Table One lists these 16 high priority markets, the number of TV households in each and the number of TV and radio stations which received messages. Additionally, in each of these 16 areas a liaison person was designated to coordinate localized efforts to diffuse the information on asbestos.

INSERT TABLE ONE

Messages were produced to disseminate via many media: print, radio, television, through relevant special interest groups, and direct mail. Since most of these messages were designed to be used as public service, the campaign relied heavily upon media gatekeepers to accurately disseminate the messages to the public. Each medium and the role of its gatekeeprs will be discussed separately in the sections to follow.

RADIO AND TELEVISION MEDIA

Two 60 second and two 30 second television public service announcements were produced. "Family" reflected a family's concern about Grandpa who used to work in the shipyards. "Shipyard" showed an older worker talking about the hazards of asbestos exposure. The message concepts were qualitatively pre-tested with a focus group technique and adjustments were made prior to final production. Normally these prefinished messages are also pretested with the Health Message Testing Service (HMTS)[1], which is a standardized technique for assessing audience response to health messages for radio and television, but due to the need to begin the campaign quickly, this testing was performed on the finished message instead.

Three 60 second and three 30 second radio public service announcements were produced. In addition radio announcer copy was prepared in 60, 30 and 10 second lengths. A total of 3,864 radio stations and 656 television stations received the public service announcements.

Since all the radio and television messages were designed to be aired free as public service announcements, considerable attention was given to convincing various media gatekeepers to play these spots. Copy for television spots was cleared with all three networks prior to production. Suggestions made by the public service directors were incorporated into the final spots. The finished PSAs were hand delivered by a National Cancer Institute representative to the exact specification of each network. Both 16mm and 35mm prints or 2" videotapes of the TV spots were given to the networks along with color photoboards and a campaign fact sheet which provided background and justification of the campaign. There was considerable difference in the receptivity of the networks. One of the major networks responded by questioning the necessity of the campaign and requested scientific documentation of the asbestos problem before playing the spots. However, the other two major networks believed that the campaign was important and gave good coverage. One network even ran a documentary on asbestos.

In the high priority markets, intensified efforts were made to obtain the cooperation of media gatekeepers. A videotape including all the TV spots and an audiotape of the radio messages were supplied to each TV and radio station in the market. These messages generally included an appropriate local tag. Although little research has investigated the effectiveness of local tag lines, authors such as Toran, (14) and Goodstadt and Kronitz (5) recommend their use. Moreover all materials were identified by a special label which designated the particular market as a high priority area. The local liaison person was encouraged to contact the media gatekeepers personally to convince them of the importance of the campaign. These special efforts were made for a total of 981 radio stations and 176 television stations.

HOW RADIO AND TV MESSAGES FILTERED THROUGH THE MEDIA GATEKEEPERS

Two methods were used to gauge the effectiveness of efforts in getting PSAs aired. Each public service director receiving the spots also received a postage-paid postcard which briefly asked if the station would run the PSAs, what lengths they preferred, how long the spots would be used and for any additional comments or suggestions. These bounceback postcards are the only measurement of the cooperation of radio stations. Of 3,864 stations receiving the spots, 643 returned the cards, or 16%[2]. Six hundred twenty-nine said that they would use the spots, while 14 said that they would not. Reasons for not running the spots ranged from requiring only locally produced PSAs, to an overload of requests for public service time, to the irrelevance of the campaign in the listener area. The average use per week projected by those radio stations responding was ten. The average number of weeks that they projected using the PSAs was eight. The majority of the responding radio stations preferred 30 second spots to 60, 20 or 10.

A larger proportion of television stations returned the bounceback postcards. Of 656 television stations who received the PSAs, 188 or 29%, returned the postcards. Of these 226, 220 said that they would run the spots. They projected using the spots less frequently but over more weeks than the radio stations. The average use per week predicted was five and the average number of weeks was thirteen. As with the radio stations, the majority of the television stations preferred 30 second spots to 60, 20 or 10 second spots.

Since the high priority markets received special attention during the distribution of the PSAs, their bounceback postcards were analyzed separately.

Generally, radio kits were mailed to these high priority stations and TV kits hand delivered. Of the radio stations responding that they would run spots, a total of 138 or 23% were in high priority areas, or areas reached by high priority market representatives. For television, 34 or 18% of the stations were reached by high priority market representatives.

Table Two shows the percentage of total stations to be covered for both radio and TV in the high priority markets. This analysis of the bounceback postcards should help determine the success of the strategy of giving special attention to the media gatekeepers in the high priority markets.

INSERT TABLE TWO

Clearly the results are mixed. In the Tidewater and Boston markets the efforts seem to have paid off. In the Philadelphia market, however, 14 TV stations, 36 radio stations, and 15 newspapers were personally contacted yet the response was negligible. Obviously other factors entered into the gatekeepers' decisions. From anecdotal information from the local liaison people, some gatekeepers questioned the importance and timeliness of the PSA campaign, others had already committed PSA time.

The second method used to gauge the effectiveness of efforts in getting PSAs aired was a contract with Broadcast Advertisers Reports, Inc. (BAR) to monitor television spots run in 75 major markets during the months of August, September, October, and November. BAR monitors each station in the 75 markets for only one week a month. They monitor, however, all month, 15-20 per week. The networks are monitored for the entire month. Table Three shows the total number of PSAs and the dollar public service media

contribution broken out by networks and local for each month plus the percentage of total U.S. homes reached.

INSERT TABLE THREE

The BAR results also were analyzed by the high priority markets. Table Four shows this analysis.

INSERT TABLE FOUR

As with the bounceback postcard data, this analysis shows considerable variation among the markets. In an effort to stimulate the high priority markets, the National Cancer Institute sent mailgrams to them in early November urging them to continue supporting the campaign. If Table Four is examined to see how November's data compares to October's, the success of this effort is questionable. Only two markets show an increase, five are unchanged, and eight show a decrease. Without the mailgram effort, however, the activity may have diminished even more, especially since these months are low PSA airing months because of Christmas advertising.

In addition to the number of exposures of PSAs, the time of exposure significantly affects the amount of viewers reached. This PSA campaign suffered from a problem common to most PSA campaigns, most of the spots were shown before 9:00 a.m. and after 11:00 p.m. Of the 229 PSAs monitored in the four months in the high priority markets, only 33 or 14% were shown in prime time. This percentage is not inconsistent with other PSA campaigns. In a content analysis of over 500 hours of television on-the-air time, (7) it was found that only 8% of the PSAs were aired from 7:30-10:59 p.m.

The assessment of the effectiveness of getting PSAs aired in this campaign certainly dramatizes the influence of the media gatekeepers in this process. Although the data do not provide much insight into the reasons for the disparity, they do illustrate the wide differences among gatekeeper's support of the campaign. The results of the special efforts to personally contact these media people and to localize the spots are inconsistent. In some areas, these efforts produced no results; in other areas, the results were significant. The effects of the specialized strategy for the high priority markets can only be inferred. A future research effort needs to survey Public Service Directors about their decision making concerning PSAs.

PRINT MEDIA

Media kits containing a press release, several magazine and newspaper PSAs, and pamphlets written for lay audiences, were mailed to city editors of approximately 1500 daily newspapers across the country. As with radio and television materials, a special effort was made to reach the high priority markets. In these areas press materials were sent or hand delivered by the local media liaison person. All the print materials were designed to communicate the objectives of the campaign (outlined above in "Description of the Asbestos Awareness Campaign.").

HOW PRINT MESSAGES FILTERED THROUGH THE MEDIA GATEKEEPERS

Unlike radio and television where PSAs are aired in the same form as they were produced, print messages may be altered to fit the priorities of reporters or editors. In order to assess the effectiveness of getting the

campaign's objectives communicated to the public through the print media, a content analytic study of newspaper coverage was conducted.

Asbestos-related newspaper articles were clipped by Burrelle's, a major news clipping service, from the top 100 daily newspapers by circulation in the U.S. and from daily newspapers (113) published in high priority areas regardless of circulation for the months of August, September, October, and November, 1978. A total of 506 articles were analyzed by three coders.[3]

The ten newspapers which published the greatest number of asbestos news stories were all in high priority areas. Fewer than one third (28) of the top 100 newspapers represented in the sample are from high priority areas. These 28, along with 17 additional high priority area newspapers accounted for 47 percent of the asbestos news stories. Perhaps it can be concluded that the special attention given to print media gatekeepers was more effective than that given to radio/TV gatekeepers. However, coverage of asbestos could be greater in high priority areas simply because it is more newsworthy in these locations.

Two other findings indicate the supportiveness of media gatekeepers in the high priority areas. The majority of articles (61%) about asbestos in the daily press originated from the news wire and syndicated services. About one fifth of the stories were locally originated and most of these occurred in high priority area newspapers. Most asbestos news stories reported fastbreaking timely events. However, when compared to NCI's general cancer newsclip (6) study, a relatively high number of indepth asbestos news reports (18%) appeared during this period. In depth reports accounted for one percent of the stories analyzed in the previous cancer newsclip study.

The success of filtering information through the print media gatekeepers is more questionable when the content of the coverage is examined. One goal of the campaign was to communicate to the high risk target audiences and the general public the nature, extent and seriousness of asbestos exposure. That is, how and where one might have been dangerously exposed to asbestos; the numbers and localities of people at possible risk due to shipbuilding or other work during and since WWII; and general information about diseases associated with asbestos exposure. Table Five shows the comparison between the campaign objectives and the newspaper coverage.

INSERT TABLE FIVE

A definition of asbestos or how it is used was included in slightly over half of the stories analyzed. Almost one fourth of the news stories indicated the estimated number of Americans who have been or may currently be affected by asbestos exposure, but fewer actually specified the estimated number of 8-11 million. A greater number of articles (about one third) did, however, correctly estimate the number of Americans exposed to asbestos in shipyards during World War II at or around 4.5 million. Very few stories (5%), estimated the percentage of people in the areas of article origination who may be affected by asbestos exposure.

Concerning asbestos related diseases, about one fourth of the news stories specifically mentioned the 15-30 or more years it takes for symptoms to occur. Slightly more than one fourth of the stories mentioned the greatly increased risk caused by asbestos exposure and smoking together. Newspapers in high priority and non-high priority areas reported this information with about the same frequency.

Another important objective of the campaign was to tell the individual who thought he/she might be exposed what personal health measures could be

taken. Table Six shows the coverage given to the campaign's personal health actions. High priority and non-high priority area newspapers reported these personal health measures with the same frequency.

INSERT TABLE SIX

Clearly the campaign experienced difficulties in influencing the content of the newspaper coverage in either high priority or non-high priority areas. Newspaper gatekeepers had their own priorities for asbestos coverage. Three topics accounted for nearly 90 percent of the asbestos news:

Hazards of asbestos exposure	51%
Negligence or cover-ups	23%
Governmental action to inform, control, or reduce risk	15%

These topics illustrate the print media gatekeepr's sometimes sensationalistic focus on timely, fast breaking news.

REGIONAL COORDINATORS IN HIGH PRIORITY MARKETS AS GATEKEEPERS

In a less traditional sense, the liaison person in each of the 16 high priority markets served as a gatekeeper for local diffusion activiites. These people were given the responsibility of disseminating kits to local media, organizing asbestos action programs, (one day seminars for local health professionals and labor leaders) and stimulating other local events to advance the objectives of the campaign. The activity of these individuals varied considerably. Only three regions actually sponsored an asbestos action program. From informal reports available, the most active high priority area was South Carolina. A summary of the activities there may serve as an example of this diffusion strategy when it works well.

All radio and TV spots were hand delivered in the Charleston, South Carolina, area. Producers of talk shows were contacted which resulted in two 30-minute TV talk shows on asbestos. Representatives of the Cancer Society

and Lung Association cooperated by mentioning the program in their various public service spots and on local talk shows. Some twenty weekly and daily newspapers and radio stations were sent news releases and/or public service announcements. Two regional newspapers ran feature stories in their women's departments to emphasize women's exposure to asbestos. Letters were sent to ministers in rural areas asking their support in informing their congregations about the hazards of asbestos. A tape was developed for a local telephone information system. Asbestos and smoking cessation information was included in two booths at the Coastal Carolina Fair. An article was written for an area Senior Citizen's newsletter. In addition, more than 400 members of the National Association of Retired Federal Employeers were reached at association meetings.

Obviously, regional efforts can be very successful and can implement the strategy of using opinion leaders in diffusion efforts. On the other hand, there was very little local activity in other regions. There's more to learn about utilizing regional coordinators effectively. For example, what types of support and reinforcement are necessary to motivate their maximum efforts?

OTHER ORGANIZATIONS AS GATEKEEPERS

The Asbestos Awareness Campaign used organizations of targeted groups such as labor, aging, industry, fraternal service and paramilitary organizations, as gatekeepers and/or opinion leaders to help reach the public. Ten thousand informational kits were sent to these outlets. Each kit contained a poster, a letter from Dr. Robert Butler, Director of the National Institute on Aging, a background article to use in their publication, three magazine ads, small space

newspaper ads, and a order form for additonal materials. Moreover, a brief asbestos article went in the newsletters for retired military employees for each of the four services including the Coast Guard. No formal assessment of this diffusion strategy is available.

DIRECT CONTACT WITH THE PUBLIC

One strategy of the campaign did not depend on gatekeepers to reach the public. Forty million short flyers, "About Asbestos" were sent to social security recipients and retired federal employees. Thirty million people received the flyer with their October social security checks. An additional seven million social security recipients who have their checks sent directly to a bank received the flyer with the January statement. Flyers were sent to 1.6 million retired federal employees with their November retirement checks. An additional 1.4 million current federal employees received the flyer with their premium bill.

A second strategy to reach the high risk public directly was the placement of an asbestos pamphlet, "Asbestos Exposure--What It Means, What To Do," in supermarket racks and social security regional offices. Over 1.2 million copies of these phamphlets were placed in racks in about 4000 supermarkets and discount stores. About 300,000 of these pamphlets were available in the social security regional offices. This pamphlet and another on smoking cessation were tested for readability levels prior to dissemination.

The effectiveness of these direct contact strategies can best be analyzed when the public survey data is examined later in the paper.

EFFECTIVENESS OF THE CAMPAIGN WITH THE PUBLIC

As mentioned previously most diffusion literature assumes that the sender has control over what messages his audience receives. Consequently, the typical diffusion campaign would be evaluated on the basis of its effects on the targeted population. In a public service campaign, however, the media gatekeepers play a significant role as middlemen between the sender and the public. With radio and TV PSAs, the gatekeepers control the frequency and time of exposure to messages. With those print messages targeted to newspapers, the gatekeepers control not only the frequency but the actual content of the messages. Consequently, evaluation efforts must consider the objectives of the campaign as they were enhanced or distored by the various gatekeeprs involved.

In the Asbestos Awareness Campaign there was considerable variation in the supportiveness of media gatekeepers. PSAs were aired much more frequently in some high priority markets than others. Newspaper coverage appeared to be more consistent but often excluded information essential to the objectives of the campaign, for example, personal health measures which could be taken by those at risk. Regional coordinator efforts produced a great deal of local activity in some areas and virtually no activity in other areas. Nevertheless, the direct mail strategy of the campaign with the public should have guaranteed that every retired American received some information about asbestos exposure. The evaluation of the effectiveness of the campaign with the public should provide some information about the results of the inconsistent gatekeeper support.

Traditionally, the adoption process has been viewed as following five steps: awareness, information, application, trial, adoption. Two assessment procedures were used in this campaign, monitoring calls and letters requesting information, and three waves of a national probability survey. Unfortunately,

these measures only provide information on the first three steps of the adoption process. Each of these measures will be discussed in the sections to follow.

REQUESTS FOR INFORMATION

One of the objectives of the campaign was to motivate people to request additional information. PSAs, pamphlets, and flyers all included an address and/or phone number to contact. Only 19,936 calls and/or letters were monitored by local and national offices during the campaign. Yet, direct mail reached at least 40 million people. These results are not suprising in light of other research. Freimuth & Marron (4) investigated the degree to which the public actively solicits their own health information. They found that only 11% had ever used a toll free health information hot line; only 10% had requested additional materials that they heard about on television and radio; and that only 3% had ever written a letter to a health column. The lack of response in this campaign may not indicate lack of concern, however. The materials distributed contained explicit information. Perhaps there was not a felt need for additional information.

NATIONAL PROBABILITY SURVEY

Eight asbestos exposure questions were asked as part of a national probability omnibus survey conducted by The Gallup Organization. The same eight questions were asked in each of three waves of the survey: the first in June, 1978, prior to the asbestos awareness campaign; the second during the last week in October, 1978; and the third, the last week of February, 1979

Most evaluations of mass media health compaigns are weak because of lack of sufficient control. A pre-measure, although a weak type of control, is generally the only feasible approach to a mass-media campaign. A pre-measure or pretest is the measurement of the respondents before the campaign is initiated to determine the base level of awareness and knowledge.

The sampling procedure used by the Gallup Organization is designed to produce an approximation of the adult civilian population, eighteen years and older, living in the United States. The sample design is that of a replicated, probability sample down to the block level in the case of rural areas. Approximately 1500 personal interviews were conducted for each of the three waves of surveys. For our purposes, the important demographic subgroups are "age 50 and over" and "manual laborers," both representing target groups for the campaign.

The eight questions can be analyzed in terms of the first three steps in the adoption process. Most data presented will compare the first wave in June with the third wave in February.

Awareness

The first question asked of all respondents, which measured the awareness stage, was "Could you tell me whether or not you recently heard or read anything on the subject of asbestos, either from a friend, in newspapers, or television, or any other place?"

INSERT TABLE SEVEN

February awareness levels for the total group (68%), and for the target

groups of those age 50 and over (72%) and manual laborers (67%) were up significantly from the June, 1978, survey levels.

Virtually all demographic groups analyzed reported increased levels of awareness since the June, 1978, measurement. The largest increases in awareness were among those who are 50-59 years of age (+20%) and manual laborers (+24%). These increased awareness levels especially among the high risk groups exceed the norms for PSA campaigns. Several sources(3, 9, 10) report that it is not uncommon for 5 to 15 percent of the target audience to recall having seen the messages.

Knowledge

The next six questions measure the knowledge level in the adoption process. In unaided questioning all who indicated they had heard or seen something about asbestos were further asked what they had actually seen or heard. The most frequently mentioned responses in the June survey concerned asbestos being hazardous or injurious to health, with the primary response being asbestos causes cancer. For this category of responses, February survey levels were higher among the total group and the manual laborer subgroup. The level was slightly lower for those 50 and over.

Other categories of responses given were concerned with the use of asbestos in construction/building, or were miscellaneous in nature. For both of these types of responses, February survey levels were down from those reported in June, among the total group and both of the target subgroups.

Some responses which did not appear in the June survey but showed up in the October and again in the February survey concerned such things as ill-

ness can be due to asbestos exposure in specific industries, that they had seen or heard something about asbestos on television or through other media. There was a general increase in level of response by the total group and target subgroups in the February survey on these responses.

To identify awareness of health risks, respondents were asked two questions. The first was "Would you say that people exposed to asbestos have increased risk to certain illnesses?"

INSERT TABLE EIGHT

Table Eight shows that February levels of knowledge of the asbestos associated illness risks showed an increase from June levels among the total group and both target subgroups. A larger than average increase was found among those in manual labor positions.

All respondents who said that exposure to asbestos can cause an increased risk of illness were read six specific illnesses and asked if exposure caused an increased risk to each. Awareness of the correct choices remained high; nine of ten respondents in the total group and both of the target subgroups identified lung cancer and respiratory illness.

Four of the response choices open to the respondents were incorrect ones: headaches, heart attack, high blood pressure, and diabetes. In general, the levels of association of asbestos exposure with these illnesses, while greater than the June levels, were below the October levels of the second survey wave among the total group and both of the target subgroups. One notable exception was on the incorrect choice headaches. Those 50 and over had a lower level of response on the February survey than in the June survey (38%).

Overall, there was again substantial uncertainty expressed about the incorrect disease choices. Many respondents reported they did not know whether asbestos exposure caused an increased risk of headaches (38%), heart attack (39%), high blood pressure (46%), and diabetes (41%).

All respondents were shown a card and asked to designate where they thought exposure to asbestos usually takes place. Respondents could check all responses they felt were applicable. Overall, there was virtually no change in response levels from the first to the third survey wave. This held true for both the total group and the target subgroups.

Levels of identification of the correct response choices are consistent from the June to the February survey waves: identification of working in certain jobs, such as construction, mining or shipbuilding, remained high (about eight in ten respondents); identification of installing and replacing brake linings remained relatively low (about three in ten respondents).

All respondents were asked to select from among six choices the one which they felt described when symptoms of illness were most likely to occur from exposure to asbestos. From the June to February measurements, identification of the correct response of those exposed more than twenty years ago increased for the total group, the target subgroups, and all other demographic subgroups.

Overall, the level of those who stated that they did not know when symptoms are likely to occur decreased from the first to the third wave. The greatest decrease was seen among the manual laborers subgroup.

On an unaided basis, all respondents were asked what, if anything, they thought people who may have been exposed to asbestos could do to reduce their health risks. The most frequently given responses in the first survey wave

concerned getting medical attention. In the February wave, levels of response increased in this category, both among the total group and the target subgroups.

In the February survey wave, the percentage of respondents who cited stopping smoking as a health risk-reducing action remained low--5% of the total group. This level of response is up slightly from the 2% level reported in the first survey wave. Members of the target groups have similar low levels of awareness.

Other health risk-reducing behaviors cited by respondents including avoiding future exposure to asbestos, and taking on-the-job precautions. The percentage of respondents reporting these kinds of behaviors is comparable from the June to the February surveys.

Overall, third wave levels of response for the target groups and all the other subgroups were comparable to those of the total group.

Generally, there was an increase in the knowledge people expressed about asbestos. Again, the campaign seemed successful. However, those people 50 and older do not demonstrate as much increased knowledge as the other targeted group, the manual laborers.

Two knowledge objectives of the campaign were not obtained. There was little knowledge about the importance of not smoking. It's interesting to note, although no direct causal inference can be drawn, that newspaper coverage was very minimal on these personal health measures. There was also little awareness of the possible exposure in jobs installing and replacing brake linings. Perhaps the emphasis on shipyards in the campaign overshadowed other potential job risks.

Application or Evaluation

In this stage of the adoption process, the individual takes the knowledge that he has and weighs the alternatives in terms of his own use. In other words, he mentally tries out the idea. The last question in the survey assesses this evaluation by asking respondents how likely they thought it was that they could have been exposed to asbestos.

INSERT TABLE NINE

Table Nine shows that there was an increase from June to February in the percentages of respondents who reported any likelihood of having been exposed to asbestos. This held true for both of the target subgroups as well as the total gorup. In both survey waves, a lower percentage of those age 50 and over than the total group reported any likelihood of asbestos exposure.

The campaign was successful in increasing the number of people believing themselves to be at risk. As with some of the knowledge objectives, the campaign appeared to be more effective with the manual laborers than with the older Americans. Yet considerable effort was made to reach every older American. It is unclear why older people assumed themselves to be less affected by asbestos exposure. Probably the latency issue partially explains this attitude. It's difficult to believe that an experience which occurred twenty years ago and wasn't harmful then could be dangerous now.

It's unfortunate that there are no assessments of the trial and adoption levels of the process. It cannot be assummed that those who believe themselves to be at risk, will change health behaviors or seek medical attention. In fact,

the fear which may accompany such a belief might actually prevent any further action. Even though behavior is difficult to measure, future campaigns should attempt to include such assessment measures.

CONCLUSIONS

The Asbestos Awareness Campaign was analyzed to assess the role of media gatekeepers in public service diffusion campaigns. Clearly, their role is a significant one. They control the frequency and timing of exposure to PSAs. In newspaper coverage, especially, they control the content of the information communicated to the public. The campaign planners must work with these gatekeepers, enlisting their support and cooperation. The asbestos campaign should serve as a model PSA campaign because it incorporated the strategies commonly advocated for public service campaigns: clear campaign objectives, adequate campaign length, targeting messages to specific audiences, high quality production, use of localized tags, personal contact with gatekeepers, and evaluation of the campaign with the use of controls.

Moreover, the analysis in this paper demonstrates the importance of considering the gatekeepr's role in assessing the overall effectivenss of a public service diffusion campaign. If the campaign strategist must depend on free exposure of his messages, he loses considerable control over what the public receives. Therefore, an evaluator must examine the campaign's effectiveness with the media gatekeepers before he measures it with the public.

FOOTNOTES

[1] For more information on pretesting, see Pretesting in Cancer Communications, Office of Cancer Communications, National Cancer Institute.

[2] Figures compiled approximately one month after distributing the spots.

[3] Interrater reliability ranged between .54 and 1.00.

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Table 1: High Priority Markets

	# of TV Households	% of Total U.S. T.V. Households	# of Stations to receive message T.V.	Radio
Baltimore	763,450	1.05	6	15
Boston (includes all of N.H., Maine and Massachusetts)	1,766,940	2.42	6	15
Charleston	140,830	.19	6	15
Detroit	1,596,860	2.19	6	20
Groton/New London (includes all of Connecticut)	670,400	.91	6	50
Hawaii	--	--	6	15
Houston	937,880	1.29	6	15
Jacksonville (includes all of Florida)	324,680	.45	4	15
Los Angeles	3,857,950	5.29	6	15
New Orleans	503,600	.69	5	15
New York City	6,463,320	8.87	8	25
Philadelphia (includes Eastern Pa., parts of N.J. and Delaware)	2,349,360	3.22	7	25
San Diego	589,410	.81	6	23
San Francisco	1,761,690	2.42	10	20
Seattle (includes all of Washington)	891,690	1.22	6	15
Tidewater	423,420	.58	5	15

Table 2: Bounceback postcards from high priority markets

	Radio	% of Total Stations to be Covered	TV	% of Total Stations to be Covered
Baltimore	2	13 %	2	33 %
Boston	6	40	2	33
Boston plus all of N.H., Maine and remainder of Massachusetts	36	29	11	55
Charleston	-	-	1	17
Detroit	5	25	-	-
Groton/New London	-	-	-	-
All of Connecticut	7	14	1	20
Hawaii	-	-	-	-
Houston	4	27	2	33
Jacksonville	2	13	-	-
All of Florida	40	16	-	-
Los Angeles	-	-	1	17
New Orleans	2	13	-	-
New York City	3	12	2	25
Philadelphia	-	-	-	-
Philadelphia plus Eastern Pennsylvania, parts of New Jersey and Delaware	-	-	1	5
San Diego	6	26	2	33
San Francisco	2	10	2	20
Seattle	11	73	2	33
All of Washington	29	19	6	30
Tidewater	2	13	3	60

Table 3: BAR report of PSA exposure

	Total PSAs	Networks	Local	% U.S. Homes Reached
August		$108.1	128.6	21%
September		204.5	171.3	54%
October	450	523.5	114.8	36%
November		451.9		

Table 4: PSA Exposure in High Priority Markets

	August	September	October	November
Baltimore	1	4	2	1
Boston	0	3	2	1
Charleston	0	2	0	1
Connecticut	5	0	1	1
Detroit	0	3	1	0
Hawaii		Not Monitored		
Houston	0	5	4	2
Jacksonville	2	0	1	1
Los Angeles	2	3	5	0
New York City	0	4	0	0
New Orleans	5	13	0	0
Philadelphia	1	2	2	1
San Diego	7	1	0	9
San Francisco	0	14	6	6
Seattle	10	11	6	1
Tidewater	18	40	9	8
Total	51	105	39	34

Table 5: Newspaper coverage of campaign objectives

Information Reported	No. of Stories	% of Sample
Asbestos defined	260	51
Number of WWII shipyard workers	163	32
Number of Americans exposed	113	22
Delay of 15-30 or more years for symptoms to occur	175	35
Smoking increases risk 30-90 times	140	28

Table 6: Newspaper coverage of personal health measures

Quitting smoking	7%
Visiting a doctor	6%
Getting a chest x-ray	8%
Using protective equipment	5%

Table 7: Heard or seen anything on asbestos

	Wave I June, 1978	Wave III February, 1979	Difference June - February
	%	%	%
Total	50	68	+18
50 and over	55	72	+17
Manual Laborers	43	67	+24

Table 8: Respondent Believing That Illness is Due to Asbestos Exposure

	Wave I June, 1978	Wave III February, 1979	Difference June - February
	%	%	%
Total	58	67	+ 9
50 and over	59	66	+ 7
Manual Laborers	50	66	+16

Table 9: Respondent Beliefs concerning Likelihood of Their exposure to asbestos

	Combination: very likely and somewhat likely			Don't know		
	Wave I June	Wave III Feb.	Difference	Wave I June	Wave III Feb.	Difference
	%	%		%	%	
Total Respondents	26	33	+ 7	22	17	- 5
50 and over	19	25	+ 6	22	20	- 2
Manual Laborers	27	38	+11	26	16	-10