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Pandemics and PSAs: Rapidly Changing Information in a New Media Landscape

Jennifer Manganello[a], Amy Bleakley[b], and Patrick Schumacher[a]

[a]Department of Health Policy, Management, and Behavior, University at Albany School of Public Health; [b]Department of Communication, University of Delaware

ABSTRACT

The COVID-19 pandemic has brought into focus a shift in the communication of health-related information. Traditionally, public service announcements (PSAs) consisted of video or radio messages, posters, or billboards created by government agencies and health organizations to provide information about health topics. However, the widespread use of the internet and the growth of social media has changed PSA creation and dissemination in many ways. Increasingly, a variety of actors, including non-official sources and lay persons, have been using social media to disseminate PSAs or PSA-like content. Audiences are larger and more engaged with content, and users have the novel ability to interact with PSAs through shares, likes, or comments. While social media for health communication has many advantages, there are also a number of disadvantages including misinformation, conspiracy theories, bots, and trolls. Credibility of different sources has also become a topic of debate. An ongoing challenge during the pandemic has been reaching audiences in a crowded online environment, establishing authority as a trusted source, and countering misinformation. In this paper, we discuss how the media landscape is changing PSAs and the implications of these changes in the context of pandemics.

Introduction

On March 18, at 6:22 PM, the Office of the California Surgeon General (OCSG) tweeted a video featuring Dr. Nadine Burke-Harris talking about steps to protect oneself from COVID-19 (Office of the California Surgeon General [@CA_OSG], 2020). She encouraged viewers to wash their hands, disinfect commonly used surfaces, and stay home if experiencing symptoms. About an hour later, Arnold Schwarzenegger posted a tweet with a video of himself sitting in a hot tub smoking a cigar (Schwarzenegger, 2020). In the video, he talks about the importance of staying home and avoiding crowds. As of July 14, 2020, the first video had just over 36,000 views, 240 retweets, and 406 likes, while the second was viewed 6.5 million times with close to 46,000 retweets and over 195,000 likes. The first example is clearly a public service announcement (PSA); what do we call the second one?

Out with the old: PSAs in previous pandemics

A PSA is an "advertisement" designed to provide information or change a behavior instead of selling a product. Traditionally, PSAs have consisted of print, video or radio messages created by government agencies (e.g., health departments) and health organizations (e.g., nonprofit organizations), and have been regularly used during disease outbreaks. The 1918 influenza pandemic provided the impetus for some of the earliest health PSAs in the United States, including a health bulletin (Figure 1) that implored people to cover their mouths when sneezing (NYC Department of Health, 1918). We have also seen PSA messages used during epidemics such as Ebola, Zika, and SARS, the H1N1 pandemic, and now COVID-19.[1]

Schwarzenegger's tweet, like many others during the COVID-19 pandemic, exemplifies a shift in health communication messaging that this pandemic is bringing into focus. While the use of traditional PSAs is a defining feature of conventional public health communication efforts, the media environment in which they now exist is anything but traditional. Instead, the new media landscape is a complex ecosystem of digital media (e.g., social media) and technologies (e.g., smartphones) characterized by the creation and sharing of content, much of which is user-generated. Even though the utility of social media in promoting health is not yet clear (Schillinger et al., 2020), we know that social media have transformed who provides content (source), how information is accessed by audiences (channel), and the nature of the information that reaches the public (content). Understanding these changes and how we define a "PSA" is even more important in the context of a global pandemic where information is rapidly changing and message persuasion is especially consequential.

In with the new: COVID-19 "PSAs" on social media

Who is making them and what do they have to say?

One of the most salient shifts in the production of PSAs is directly linked to a fundamental feature of social media: user-generated content. Although PSAs in their familiar form exist, we have seen a large amount of PSA-looking content coming from non-official or lay sources.[2] During the COVID-19 pandemic, celebrities have been creating their own "PSAs" to encourage prevention behaviors and promote social norms to

CONTACT Jennifer Manganello jmanganello@albany.edu University at Albany School of Public Health, University of Delaware, One University Place #165, Rensselaer, NY 12144, USA

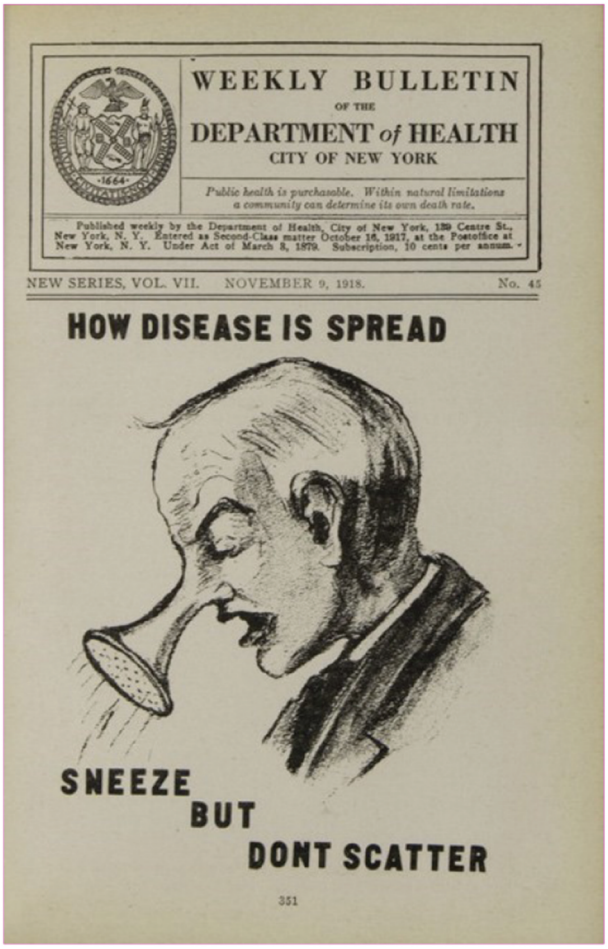

Figure 1. A PSA for the 1918 pandemic (NYC Department of Health, 1918).

curb COVID-19 infections. Videos circulating on social media in March and April 2020 showed celebrities giving instructions on how to properly wash hands, demonstrating how to social distance or sharing their quarantine activities. In June and July, many celebrities focused on messages about mask use. While not traditional PSAs, they are often thought of as such; even news stories commonly refer to these messages as PSAs (Epstein, 2020; Glynn, 2020; Vanderberg, 2020).

We know that celebrities and influencers, when carefully chosen, can have higher credibility than non-celebrities, especially among youth, and audiences have relationships with their celebrities as followers and viewers that can be leveraged (Shead et al., 2011). It is not a novel strategy for celebrities to serve as spokespeople in PSAs, and we have seen several examples of this with COVID-19, including PSAs from New York, New Jersey, and South Carolina. What has proliferated during the COVID-19 crisis is that celebrities directly communicate with their audiences, in their own voices, showing their authentic selves.

Health content generated from non-celebrity social media users also gets enormous attention. For example, a nurse posted a video on Facebook on March 30, 2020 showing the downside of wearing gloves for germ protection; it went viral with over 75,000 shares and was featured by several news outlets (Good Morning America, 2020). Lay persons have also been incorporated into government PSAs; New York state sponsored a contest to solicit entries from the public for PSAs about mask wearing (New York Department of Health, n.d.). Research indicates that PSAs featuring "real people" can result in greater intention to perform some behaviors (e.g., Phua & Tinkham, 2016).

We believe that user-generated content can be especially useful when there are rapidly changing recommendations. During a pandemic, there is an urgency to communicate information in a timely manner that is not necessarily conducive to best practices associated with PSA message development, such as formative research and theory-based approaches (Noar, 2006). We know that theories such as the theories of reasoned action and planned behavior and social cognitive theory have been useful in guiding PSA messages that result in health behavior change. It is unlikely such practices are followed in content from users, but celebrity messages that go viral may be able to get important information out quickly. As health agencies and organizations continue to provide information through carefully developed PSAs, we think that user-generated content, despite its potential downsides (e.g., misinformation, conspiracy theories, bots), may be worth incorporating as part of a larger communication strategy during pandemics.

How are PSAs reaching the audience?

COVID-19 arrived at a time when PSAs could be instantly disseminated through an endless number of channels including streaming services like Spotify and social media networks like Facebook. While we believe this proliferation of ways to promote COVID-19 PSAs offers vast opportunities for public health communication, it is not without issues. For one thing, PSAs with critical health information are disseminated in a crowded information environment. That is, the sheer volume of health content on both traditional and online channels can make it difficult to amplify PSAs. We also need to make sure the messages are provided in places where people will see them. This can be challenging due to highly individualized media use patterns (Kim et al., 2014). Given how we now access and use media, there is likely little overlap in the media channels and content to which individuals or groups are exposed on a daily basis. This individualization allows for more targeted messaging, but it also means we need to do a better job of understanding how to reach people. For instance, evidence suggests that fatalities from COVID-19 disproportionally occur among Hispanic Americans and African Americans (Webb Hooper et al., 2020). Also, there are people who mistrust information from the government or believe COVID-19 is a hoax (Mian & Khan, 2020). We need to consider how to best provide relevant PSAs to specific population groups. This requires an understanding of their media use and the sociocultural and political context in which they seek out and acquire their health information (Young & Bleakley, 2020).

Is interactivity with PSAs a double-edged sword?

While the new media landscape improves dissemination, it also impacts how people engage with messages. We have seen how

social media give users the ability to share or comment on PSAs posted to online platforms, a feature not available for PSAs delivered through traditional mediums (e.g., TV or radio). A growing body of research indicates that online comments, either positive or negative, may significantly alter an audience's reaction to a PSA (Shi et al., 2014). We have observed how COVID-19 public health guidelines, such as wearing face masks, have become increasingly polarized issues. This poses a special challenge to health professionals (Allcott et al., 2020). One study indicates that disabling comments may be a best practice (Shi et al., 2014), finding that participants who viewed PSAs with no comments perceived them as more effective than PSAs with comments. This and other strategies should be investigated.

Conclusion

The new media landscape presents a range of challenges and opportunities for using PSAs during pandemics. Organizations and government entities promoting public health messages through PSAs should have a strategy for how to navigate the promise and potential pitfalls of new media. Some best practices include having a full understanding of the social media environment in which they plan to release a PSA (Stellefson et al., 2020) and creating versions of a PSA that can be adapted to different social media platforms (Gualtieri et al., 2020). Others are to select influencers who have earned trust from different populations to provide PSA content (Kresovich & Noar, 2020) and to closely monitor the response to PSA messages (Heldman et al., 2013).

While these are some ideas to consider, research to update PSA best practices is needed. We call on scholars and practitioners to conduct studies that will offer a set of best practices for PSA use during pandemics in the new media landscape. For example, what types of audiences find health messages from celebrities and social media users most persuasive, and how can we use such messages to promote recommended actions? How do these "new" versions of PSAs compare to more traditional PSAs in changing attitudes and intention to perform prevention behaviors? What role do comments on social media health content play in reinforcing or counterarguing the guidance? How does misinformation impact the success of PSAs? How should PSA messages be tailored for audiences with different abilities, cultural values or political affiliations? The COVID-19 pandemic provides rich opportunities for research examining these issues so that we can learn how to best promote pandemic information through PSAs in the future.

Notes

1. See examples at https://www.youtube.com/playlist?list=PLPnd5ONOHlmdY3JgjFuHvQVO_F_abr1lq
2. See examples at https://www.youtube.com/playlist?list=PLPnd5ONOHlmdY732hmiK1XNWCE5vmnFyr

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