

STORIES OF HOPE AND ETHNIC IDENTIFICATION: A LOOK AT ORGAN DONATION
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STORIES OF HOPE AND ETHNIC IDENTIFICATION: A LOOK AT
ORGAN DONATION COMMUNICATION

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State University's regulations and meets the accepted standards for the degree of

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ABSTRACT

The purpose of this study was to examine the effects of ethnic identification and ethnic portrayals in organ donation stories on the attitudes towards organ donation, the intent to register to become an organ donor, and the intent to discuss organ donation with friends and family. An online experiment was conducted where 202 undergraduate participants viewed one of three randomly selected ethnic portrayal conditions: African-American, Caucasian, and Hispanic. Following data collection, the participants were split along the median into high and low ethnic identification for the analysis. There were no significant interaction effects found between ethnic identification and the different ethnic portrayal in the message or significant effects of the ethnic portrayal on the dependent variables. There was a significant effect found on the impact of ethnic identification on attitudes towards organ donation.

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INTRODUCTION

A new person is added to the waiting list for an organ transplant every 10 minutes (U.S. Department of Health and Human Services, 2017a; UNOS, 2017). This continuously growing number amounts to a current total of 118,365 people in need of an organ transplant as of February, 2017 (UNOS, 2017). Of those people on the waitlist, roughly 54,000 (42%) of them are Caucasian, 38,000 (30%) are African-American, and 24,000 (19%) are Hispanic (U.S. Department of Health and Human Services, 2017b). The most current statistic on registered donors states that, as of 2014, there are 125 million (50%) registered donors older than 18 in the United States (Donate Life, 2015). However, there are no statistics available on the breakdown of registered donors by ethnicity. In 2016, there were 15,945 donations from 10,846 (68%) Caucasian donors, 2,124 (13%) African-American donors, and 2,201 (14%) Hispanic donors (U.S. Department of Health and Human Services, 2017b). This data points to a serious problem in organ and tissue donation (OTD): the disproportionate amount of minority donors compared to their proportion of need.

With the need being highest in ethnic and racial minorities but the majority of donations coming from Caucasian populations, it should follow that a majority of the persuasive appeals and stories done by organ and tissue donation (OTD) organizations would feature non-Caucasian and ethnic minorities. However, this is not the case and can be seen when looking at common organ donor and recipient stories on prevalent OTD organization websites (Donate Life, 2017; UNOS, 2015). These "Stories of Hope" (Donate Life, 2017; UNOS, 2015) tell about people who were either donors that made a difference in someone's life or a recipient with a description of how the transplant saved their lives. Following these messages, there is always a call for the reader to register to become a donor with information on how to enroll or a clickable link to

become a registered donor. These persuasive appeals are in a narrative form and have an image of the donor or recipient. When examining the stories of hope on websites for Donate Life (2017) or the United Network for Organ Sharing (2015), it can be seen that a majority of images and stories come from Caucasian donors or recipients, which goes against the previously stated logic.

Currently, organ donation signups are solicited through various channels like social media campaigns, interpersonal communication, national donation campaign month, and advertising campaigns. From a media effects perspective, most OTD research has examined variables like narrative vs. statistical information effectiveness (Feeley, Marshall, & Reinhart, 2006) or the effectiveness of new media media platforms like YouTube (VanderKnyff, Friedman, & Tanner, 2015). Research surrounding ethnicity, however, has been more descriptive in nature. There has been more time devoted to finding cultural and ethnic differences in attitudes and behavior surrounding OTD than the use of ethnicity as a measurable variable. Here then lies an area for fruitful research into whether an appeal from an ethnically and racially similar other can persuade someone into registering to donate organs, being willing to discuss OTD with family and friends, and having more positive attitudes towards OTD.

The current study intends to focus in on the effects of persuasive messages in organ donation narrative appeals that contain ethnic prompting. Using visual ethnic prompts of a similar or different ethnicity, the relationship between an individual's identification with their ethnicity and how that affects their choices in OTD behavior and attitudes will be examined. Since most of the extant literature is descriptive in its examination of ethnicity and the differences between cultures, this study will explore the manipulation of ethnicity in OTD appeals. First, a review of the current organ donation literature will be offered. This will be

followed by a look at the theoretical background in ethnic identification and homophily. The research question guiding this exploration will be offered at the end.

LITERATURE REVIEW

Communication Research of Organ Donation

There are two prominent problems in the current organ donation field: lack of donors and a need for a genetic match in donor and recipient. According to the U.S. Department of Health and Human Services (2017a), 95 percent of adults in the United States support organ donation, but only 48 percent of these people are actually signed up to be organ donors. Added to problem of fewer donors versus need is the requirement for a genetic match to increase the likelihood of a successful transplant. If there is no genetic match, the recipient's body will reject the donated organ and need another one immediately or risk death. The likelihood of a successful genetic match goes up when the donor and recipient's race match. This highlights the importance of increasing the number of donors from ethnic and racial minorities because of their disproportionate amount of need and the requirement of genetic matching. Media effects research into persuasive messaging to increase donor enrollment can help meet this need.

Communication research in OTD has focused in two areas: 1) determination of the forms and attributes of effective persuasive appeals and 2) the discovery of the individual and cultural differences that impede the effectiveness of organ donation appeals. Research into the forms and attributes of effective persuasive appeals looks at the content of the messages that will elicit an intention in the audience to discuss organ donation with their friends and family and sign an organ donation registry within their home state. Some focal points for this research include: social and new media platforms (Hitt, Gidley, Smith, & Liang, 2014; VanderKnyff, Friedman, & Tanner, 2015), narrative vs. statistical appeals (Feeley, Marshall, & Reinhart, 2006; Kopfman, Smith, Ah Yun, & Hodges, 1998; Weber, Martin, Members of COMM 401, & Corrigan, 2006), entertainment (Morgan, King, Smith, & Ivic, 2010; Morgan, Movius, & Cody, 2009), and public

service announcements and public campaigns (Reinhart & Anker, 2012; Siegel, Alvaro, Hohman, & Maurer, 2011). The most common research into individual and cultural differences impeding the effectiveness of organ donation appeals include: religious beliefs (Bresnahan, Guan, Smith, Wang, & Edmundson, 2010), favorable attitudes but inaction (Feeley & Servos, 2005), beliefs in myths surrounding OTD (Morgan, & Cannon, 2003), and cultural differences and beliefs (Bresnahan, Guan, Wang, & Mou, 2008; Bresnahan, Lee, Smith, Shearman, Nebashi, Park, & Yoo, 2007). Minniefield, Yang, and Muti (2001) found that Caucasian participants most commonly listed religious belief as a barrier to signing up to be an organ donor and African-American participants listed personal issues and a distrust of the medical system as the barrier. Minniefield, Yang, and Muti (2001) go on to describe the lack of trust because of 1) lingering effects of the Tuskegee syphilis experiments, 2) belief in preferential treatment towards Caucasian Americans, and 3) a belief that a hospital will let them die to use their organs. This describes how ethnic and cultural differences have manifested into resistance against OTD. Further examination of the extant research is needed to describe important findings that will be relevant to the current study.

A number of studies have looked at the effectiveness of narratives in OTD and the effectiveness between narrative and statistical persuasive appeals. Narratives, in general, garner support from the literature in terms of effectiveness on their own for persuasion (Bilandzic, & Busselle, 2013). Outside of the literature on OTD, Zebregs, van den Putte, Neijens, and de Graaf (2015) conducted a meta-analysis comparing the effectiveness of narrative versus statistical appeals. They found statistical appeals to elicit stronger influence on beliefs and attitudes and narrative appeals to elicit stronger influence on intention. In a different meta-analysis by Reinhart (2006) comparing the effectiveness of narrative versus statistical appeals in OTD, she

found that narratives had a significant effect on attitudinal measures over statistical appeals. Since there is general agreement that narratives can act as an effective form to elicit behavioral or attitudinal change (Reinhart, 2006; Zebregs, van den Putte, Neijens, and de Graaf, 2015), the current research study will use a narrative persuasive appeal to test the effects on OTD behavior and attitudes.

In a study by Reinhart and Anker (2012), participants' ability to be transported into a narrative in the form of a public service announcement (PSA) about organ donation was tested along with their reactions to the information in the narrative. In this study, 201 participants watched a 30-second PSA that was either donor-focused or recipient-focused. Following the viewing, each participant rated their transportation into the narrative, their reactions to the PSA, and answered questions pertaining to psychological reactance. It was found that PSAs that were more transporting had more positive reactions and produced less psychological reactance to the persuasive message. More pertinent to the current study, evidence indicated that recipient-focused messages were more transporting than donor-focused messages. With this evidence, the persuasive appeals for the current study will be focused around recipients of organ donation.

Park, Smith, and Yun (2009) looked specifically at the ethnic differences between African Americans, Asian Americans, Hispanic Americans, Native Americans, and Caucasian Americans and the intention to talk with family about organ donation and enroll in a state organ donation registry. This study was grounded in the theory of planned behavior (Ajzen, 1991) to examine the barriers of organ donation in ethnic minorities. Using a sample of 2,896 participants from service and manufacturing jobs in the Midwest United States, they tested intent to enroll and talk with family about OTD, attitudes around organ donation, and perceived behavioral control. It was found that the perceived behavioral control of participants did not have any

predictive power in determining whether an ethnic minority would talk to family about organ donation or intend to donate organs. This points to perceived norms not having as large of an impact on the choices of minorities to donate organs. This becomes relevant to the current study when I go a step further to consider the effects of behavior and identification within an ethnic group rather than the expectations of behavior from a proximal social group. If there is a significant difference in OTD behavior and attitudes based on ethnic identification, it will give evidence to the ethnic social group having a significant impact on behavior rather than the proximal social group.

Ethnic Identification and Homophily

The identity of an individual is an incredibly complex construct encompassing personally unique traits as well as social characteristics that can be shared amongst a group. A salient characteristic of a person's identity that can be formed is a person's ethnic identity (Phinney, 1992). Along with gender identity, ethnic identity can be salient for people because of the obviously visual nature of the identifying characteristic. Salient visual cues are mentioned because an immediately defining characteristic of an individual is his or her race, made apparent by the color of skin.

Ethnicity has been a particularly difficult concept to explicate because of the deep ties it shares with race. Amid this discussion of what constitutes ethnic identification, racial identification has been used almost synonymously without regard or an explanation of what makes them different or similar (Cokley, 2005). It can be argued that under a person's ethnic identity is the characteristic of their identifiable race that immediately categorizes them into a specific racial group. However, racial and ethnic identification are not synonymous, as race is a biological trait and ethnicity is a social construct (Phinney, 1992). For the current study, ethnic

identification will be used because it can be measured through self reporting and can include race cues and behavioral cues. Phinney and Ong (2007) thoroughly explained ethnic identification and gave a number of aspects to the construct: self-categorization and evaluation, commitment and attachment, exploration of ethnicity, and behaviors and beliefs.

Social-Categorization and Evaluation. The first step of determining identity occurs when a person interacts within the social world. When met with different groups of people, individuals begin to categorize people based on salient characteristics (like race) and behaviors (Phinney, 1992). Through categorization of others, a person will begin to look at themselves and make a determination of where they do and do not fit in with these social groups. A person will categorize themselves, which becomes a designation of an in-group (the group the individual resides within) and an out-group (other groupings of people based on their shared characteristics).

Social-categorization is a concept that is shared with social identity theory (Tajfel & Turner, 1979). In social identity theory (SIT), people categorize others and themselves into groups based on characteristics they perceive as being shared amongst the group (Tajfel & Turner, 1979). In addition, SIT posits that self-esteem is a product of being part of the in-group and having a positive evaluation of that in-group. Self-esteem increases in a member of the in-group after they witness another member of the in-group displaying positive behavior, which makes the member feel positively about being a part of the group (Trepte, 2006). Viewing this type of behavior increases the self-esteem one has for being a member of the in-group, which in turn would create a positive evaluation of and identification with the in-group.

Exploration. Ethnic identity can be a fluid concept for the formation of an identity because most individuals go through a period of exploration where they observe and seek

experiences of other ethnic groups. The extent of exploration of other ethnic groups can range from simple observation to direct interaction and experience (Phinney & Ong, 2007). The period of exploration usually happens in a person's younger years, but has no set boundaries, leaving the door open to possible exploration at different times in life. Some people will go through a period of exploration for a longer period of time than others as their ethnic identity continues to change and grow.

Commitment and Attachment. Following the formation of an ethnic identity, an individual will grow attached to and commit themselves to an ethnic group. This commitment is thought of as a "sense of belonging" to the group (Phinney & Ong, 2007, p. 272). Viewed through SIT, it is likely that through the commitment and attachment to one ethnic group, an individual will begin to favor the in-group through thoughts and actions.

Behaviors and Beliefs. When an individual enters into an ethnic group, the person's identity will not be formed and adhered to only by salient visual characteristics. Ethnic groups differentiate themselves from others by the behaviors and beliefs of the in-group members. Language use has been known to be a strongly identifying behavior that members of an ethnic group will share (Phinney & Ong, 2007). In addition to language use, there are other behaviors that become similar, such as living in similar areas and interacting socially in similar ways. These behaviors become an avenue for a person to express their ethnic identity. Beliefs are also shared among an ethnic group. Religion can be shared within an ethnic group, which can sometimes carry with it certain behavioral adherence. With a person's commitment to his or her ethnic group, it should follow that the behaviors they partake in will be mostly in the benefit of the ethnic group they identify with. Thoughts and actions should manifest themselves in ways that will benefit the in-group, even at the expense of the out-group (Treppe, 2006).

Ethnic identification is a multifaceted concept and, as has been mentioned, can carry with it a large amount of cross over with racial identification. For the purposes of measuring and operationalizing it as a variable in the current study, ethnic identification will be defined as *an individual's identification with an ethnic group based on salient characteristics, which include race, and on the behaviors associated with that ethnic group.*

Homophily. Homophily is a strong behavioral characteristic that goes hand-in-hand with behaviors centered around ethnic identification. As a behavioral concept, homophily is the perception of similarity that a person will have with another person (McCroskey, Richmond, & Daly, 1975) and the tendency for interaction to occur more frequently with similar others (McPherson, Smith-Lovin, & Cook, 2001). When an individual perceives someone else to be more similar to themselves, they will act more favorably towards them and align their behavior. One of the immediate issues with studying the effects of homophily is that the possible similarities between two people can be infinite (McCroskey, Richmond, & Daly, 1975). However, if there are immediately salient visual characteristics that are similar between two people, there will likely be a feeling of similarity between them that could cause behaviors and beliefs to align because of the perception of a connection between them (McPherson, Smith-Lovin, & Cook, 2001). This is where homophily connects with ethnic identification because of the salient characteristics that can be seen because of a person's ethnicity. For the current study, homophily is defined as *the alignment of behavior and attitude towards a similar other.*

Current Research. Outside of the OTD literature, advertising literature has used ethnic identification and social identity theory to test the effects of racially similar advertisements and their effects on an audience's purchasing behavior. Sierra, Hyman, and Torres (2009) found that ethnic identification with a model in a print advertisement affected viewers' responses in a

favorable way. They used a sample of 207 Caucasian, African-American, and Hispanic participants to test whether being of the same ethnicity as the model in the advertisement would increase their ethnic identity and their intent to purchase the advertised product. The findings indicate that a viewer's ethnic identification with the model's ethnicity would cause the viewer to have a stronger intent to purchase the product in the advertisement. However, they measured ethnic identification after being exposed to the stimuli, which may have primed their ethnic identification. In the current study, ethnic identification will be measured prior to viewing the stimuli to prevent any priming confounds.

Closer to media effects research, Mastro, Behm-Morawitz, and Kopacz (2008) studied Caucasian participant's reactions to Latinos on television. Using two studies and 443 total participants, they found that stereotypical reactions and in-group bias increased as racial identification increased in Caucasian participants. Some evidence emerged that in-group preference and identity formation were satisfied through enhancing self-esteem, but there were noted inconsistencies that called for further investigation into these relationships. Additionally, they examined stereotype adherence by looking at the estimation of educational attainment in the characters. Caucasian characters were seen to have more favorable estimations of educational attainment, whereas estimations of educational attainment were negatively associated with viewer racial identification when exposed to Latino characters. This study's use of racial identification rather than the current studies use of ethnic identification is still useful because of the likely ethnic cues that were involved in their research stimuli and the use of race and ethnicity being synonymous in their measures of racial identification.

In a study on OTD and identification by O'Mally and Worrell (2014), 144 African-American participants viewed one of two persuasive appeals (exemplar/base-rate data) and one

of two race conditions (African-American/Caucasian) in the form of an anthropomorphic agent and were tested on their attitudes towards OTD and intention to sign an organ donation registry and talk to family/friends about OTD. This study was a between-subjects design with four possible conditions. The study examined participants' reactions towards the exemplar and whether the exemplar had an influence on OTD attitudes and intent to donate. Researchers found that the intention to donate organs significantly increased after viewing the African-American anthropomorphic agent. Interestingly, identification with the anthropomorphic agent and attitudes towards OTD did not significantly change. This study was similar to the current study but differed in three key ways: 1) they used anthropomorphic agents to create identification effects, 2) they did not have a Hispanic stimulus to explore effects with that minority group, and 3) they did not test ethnic identification to see its possible influence identity formation. Even with the key differences, O'Mally and Worrell (2014) provide an avenue for further exploration into identification and the effects on OTD behavior and attitudes.

Variables and Research Question

The variables in this study include personal ethnic identification, the ethnicity condition, willingness to sign an organ donation registry, willingness to discuss OTD with family and friends, and attitudes towards OTD. The main independent variable in this study is the ethnicity of the recipient in the persuasive appeal. The ethnicity of the recipient will go beyond the race of the picture because of additional ethnic cues placed within the text of the persuasive appeal. The dependent variables will be the attitudes towards OTD and the willingness to sign an organ donation registry and to discuss OTD with family and friends. Participants' self-reported ethnic identification is expected to be a moderating variable. It is likely to regulate the impact of the ethnicity of the recipient in the persuasive appeal.

Ethnic identification, SIT, and homophily provide a basis to predict that higher identification with an ethnicity, coupled with an image of a organ recipient of a specific race, will illicit positive attitudes towards OTD and higher behavioral intent to sign an organ donation registry and intent to discuss organ donation with family. However, the current field of available participants will likely draw a high number of Caucasian participants rather than non-Caucasian, which severely limits the ability to compare between ethnic groups and show a solid relationship between ethnic identification, a racial image prompt, and subsequent OTD attitudes and behavior across ethnic groups. With that, this research study will be an exploration into the mentioned relationship with the following research question:

RQ1: Will the ethnic image in an organ donation message and their self-reported ethnic identification affect **a)** the attitudes and **b)** behavioral intention toward organ donation?

Since some ethnic groups have behaviors and attitudes that permeate throughout the membership, it is likely that members reporting higher identification with the ethnic group will adhere more strongly to the more common behavior and attitudes of that ethnic group. Additionally, it is likely that members of an ethnic group that have higher identification with their ethnic group will have more positive attitudes towards their ethnic group and behave in a way that benefits their ethnic group. With the Caucasian ethnic group being more represented in the sample, I will be able to test the possibility of this connection but not compare it across ethnic groups. Testing it across ethnic groups will need to be done in a later study.

METHODS

Participants

The participants for this study were Caucasian 202 students recruited from an introductory communication course at a Midwestern state university. The ages ranged from 18 to 33 years ($M = 19.05$, $SD = 1.58$), with 52 percent being male and 47.5 percent being female. The vast majority of participants were Christian. Since the Caucasian ethnic group has a majority representation in the university, all non-Caucasian participants were eliminated from the study. Students in the course were provided 5 points of required research credit they needed to complete as a requirement for the course. Students that chose not to complete the survey were offered an alternative assignment.

Of the 202 participants in the study, 150 (74.3%) of them were already organ donors, 32 (15.8%) were not organ donors, and 20 (9.9%) were unsure of their donor status. There were 59 (29.2%) participants that had the experience of knowing someone personally that received an organ and 143 (70.8%) that did not have that experience. There were 64 (31.7%) participants that knew someone that donated an organ and 138 (68.3%) that did not. There were 24 (11.9%) participants that knew someone that was awaiting an organ and 177 (87.6%) that did not.

Procedures

This study is a between-subjects online experimental design where participants were randomly assigned to either the African-American female condition, Caucasian female condition, Hispanic condition, or group control condition. The questionnaire was created with Qualtrics and distributed via the course Blackboard site. After clicking the link and accepting the consent form, participants first answered questions on demographics and the self-reported ethnic identification variable. Following this, they viewed the persuasive appeal and accompanying visual ethnicity

condition of either a photo of an African-American female, Caucasian female, Hispanic female, or group control condition. The participants proceeded from there to answer the final set of questions on the dependent variables. After the questionnaire was answered, the participants were thanked for their participation on the last page where they closed out of the survey webpage.

Data Cleaning Procedure

Following data collection, 269 participants had registered a completion of the experiment. Of these participants, 22 of them were eliminated because they intentionally did not complete the scales. The data was cleaned further by eliminating 19 participants because they did not register as Caucasian. To finish the data cleaning, 26 participants were eliminated based on their failure to correctly answer the manipulation check and two based on the presence of outliers. This brought the final number of participants to 202 for this study.

Materials

Visual Ethnicity. The photos of the Caucasian female, African-American female, and Hispanic female are taken from iStock.com and fotolia.com. The photos were purchased with a standard license that includes use of the photos in an academic context. The photos were chosen based on the similarity in facial expression, posture, hair style, clothing, and lighting. Photoshop was used to further increase their similarity. A group photo using all three female models was used as a control condition. Each photo was integrated into the persuasive appeal.

Persuasive Appeal. The story accompanying the photos is an adapted “Hope Story” from the donatelifenet website. The story was manipulated to reduce the final word count and highlight ethnic cues in the story. The word count across each condition was kept the same. Additionally, each condition was manipulated to look like the same webpage from an actual

organ donation site (see Appendix B). In total, 48 participants viewed the African-American female message, 58 participants viewed the Caucasian female message, and 49 participants viewed the Hispanic female message.

Measures

Unless mentioned, measures were scored on a seven point Likert scale from ‘Strongly Disagree’ to ‘Strongly Agree’. The questionnaire can be seen in Appendix A and C.

Ethnic Identity. The strength of the participant’s ethnic identification was assessed using a 12 question scale taken from Phinney (1992). The scale comprises two factors: ethnic identity search (a cognitive component) and affirmation, belonging, and commitment (an affective component). An example of one of these questions is: *I have a strong sense of belonging to my own ethnic group*. The mean of this scale ($M = 4.35$, $SD = .97$) was computed and used in the final analysis, Cronbach’s $\alpha = .89$. A median split at 4.23 was done to create two groups of low and high ethnic identification. This was conducted following a similar procedure to Yang and Oliver (2010, p. 130).

Attitudes Towards OTD. Attitudes towards OTD was assessed with seven questions taken from Feeley and Servoss (2005). An example of one of these questions is: *It is important for people to declare their intentions to donate by signing an organ and tissue card*. A mean of this scale ($M = 6.00$, $SD = .87$) is in the analysis, Cronbach’s $\alpha = .88$.

Intention to Sign OTD Card. A participant’s intention to sign an OTD card was assessed with four questions taken from Feeley and Servoss (2005). An example of one of these questions is: *I have been meaning to sign an organ donor card or enroll in the Organ and Tissue Donor Registry in my home state*. A mean of this scale ($M = 5.80$, $SD = 1.25$) is used in the analysis, Cronbach’s $\alpha = .84$.

Willingness-to-Discuss OTD. The willingness of participants to discuss OTD with friends and family was assessed with a four question scale taken from Feeley and Servoss (2005). An example of one of these questions is: *I am willing to discuss my decision to be (or not to be) an organ donor with my friends.* A mean of this scale ($M = 5.80$, $SD = 1.19$) is used in the analysis, Cronbach's $\alpha = .94$.

Knowledge of Organ and Tissue Donation. Knowledge about OTD will be assessed through nine true/false questions taken from Feeley and Servoss (2005). An example of one of these questions is: "It is possible for a brain-dead person to recover from injuries (False)". Each question was changed to an Incorrect(0)/Correct(1) score and summed to create a final possible value from 0-9 for each participant. An aggregate of this scale ($M = 5.98$, $SD = 1.37$) was used when analyzing the data.

Affect. The emotional response to the information provided in this study was examined using six emotions that each participant will rate their level of feeling each emotion. Each emotion will be given a seven point Likert scale from 'None of this Feeling' to 'A Great Deal of this Feeling'. The six emotions that were used are: surprised ($M = 3.91$, $SD = 1.45$), fearful ($M = 3.11$, $SD = 1.53$), confident ($M = 3.96$, $SD = 1.47$), sad ($M = 3.51$, $SD = 1.59$), excited ($M = 4.08$, $SD = 1.78$), and happy ($M = 5.19$, $SD = 1.54$).

SES. The Socio-Economic Status of the participants was examined by asking about their parent's educational attainment and yearly combined income. For the educational attainment measure, there were 50 (24.8%) participants that selected high school diploma/GED, 23 (11.4%) participants that selected an associate's degree, 95 (47%) participants that selected a bachelor's degree, 26 (12.9%) participants that selected a graduate or post-graduate degree, and 7 (3.5%)

participants that selected professional. For the yearly combined income measure, roughly 40 percent of the participants listed their parent's income to be between \$60,000 and \$120,000.

Manipulation Check. A manipulation check was administered to verify that the test conditions were noticed by each participant. The manipulation check was tested with one question about the ethnicity of the recipient in the persuasive appeal (The picture in the message features a _____ woman?). Participants that failed the manipulation check were eliminated from the analysis.

RESULTS

To test the research question, a 2 (Ethnic Identification) X 3 (Ethnic Message Portrayal) multivariate analysis of variance (MANOVA) was conducted to examine respondents' attitude toward OTD, intent to register as a donor, and intent to discuss OTD with family and friends. This analysis revealed a significant main effect for ethnic identification, Wilks' $\Lambda = .935$, $F(3, 147) = 3.40$, $p = .019$, partial $\eta^2 = .065$, but did not reveal a significant main effect for the ethnic portrayal in the message, Wilks' $\Lambda = .933$, $F(6, 294) = 1.73$, $p = .113$, partial $\eta^2 = .034$ or a significant ethnic identification X ethnic portrayal interaction, Wilks' $\Lambda = .967$, $F(6, 294) = .827$, $p = .55$, partial $\eta^2 = .017$.

Following the MANOVA test, a 2 (Ethnic Identification) X 3 (Ethnic Message Portrayal) analysis of variance was conducted. The analysis revealed that ethnic identification has a significant impact on attitudes towards OTD $F(1, 149) = 4.72$, $p = .031$, partial $\eta^2 = .031$. Holm's sequential Bonferroni post hoc comparisons showed individuals who have high ethnic identification ($M = 6.11$, $SD = .75$) yield more positive attitudes toward OTD than individuals who have low ethnic identification ($M = 5.82$, $SD = 1.03$). There were no other significant effects detected.

Table 1

Means of Dependent Measures by Experimental Condition

<i>Dependent Measures</i>	<i>Low Ethnic Identification</i>			<i>High Ethnic Identification</i>		
	<i>African-American</i>	<i>Caucasian</i>	<i>Hispanic</i>	<i>African-American</i>	<i>Caucasian</i>	<i>Hispanic</i>
OTD Attitudes	5.99(.99)	5.52(1.18) _a	5.91(.88)	6.16(.79)	6.02(.76) _a	6.20(.72)
OTD Intent to Register	5.84(1.31)	5.36(1.50)	6.12(.91)	5.32(1.40)	5.80(1.18)	5.86(1.11)
OTD Intent to Discuss	5.71(1.41)	5.22(1.56)	6.03(1.03)	5.56(1.19)	5.91(1.04)	6.08(.86)

Note. Numbers in cells and parentheses are means and standard deviations of all experimental conditions. Means sharing the same subscript differ at $p < .05$.

Supplementary Analysis

Because I failed to find any interaction effects or the message I created failed to have an impact on organ donation, I looked for another explanation for the lack of significant findings. A univariate analysis of variance was run to see the impact of donor status on attitudes towards OTD. The analysis revealed a significant effect, $F(2, 199) = 5.51, p = .005$, partial $\eta^2 = .052$, where those individuals that are organ donors have more positive attitudes ($M = 6.10, SD = .83$) than those that are not organ donors ($M = 5.55, SD = .88$). Additionally, a univariate analysis of variance was run to see the impact of donor status on knowledge of OTD. This analysis revealed a significant effect $F(2, 199) = 4.28, p = .015$, partial $\eta^2 = .041$, where those individuals that are organ donors have less knowledge of OTD ($M = 5.86, SD = 1.30$) than those that are not organ donors ($M = 6.00, SD = 1.57$). These results need to be interpreted with caution as the sizes of

donors versus non-donors are extremely different – 150 versus 32 respectively – which causes reliability issues in the analysis.

DISCUSSION

The current study failed to provide evidence of an interaction between an individual's ethnic identification and the ethnic portrayal of a person in an organ donation message. The research question for the current study looked at the impact of an individual's ethnic identification and the ethnic portrayal in an organ donation message and how these would affect a person's intent to register as a donor, attitudes toward OTD, and intent to discuss OTD with family and friends. It was found that only a person's ethnic identification had a significant effect on the attitudes towards OTD. The participants did not find the different ethnic portrayal conditions to have a significant effect on their attitudes, donation intent, and intent to discuss OTD. The significant main effect on ethnic identification showed that participants with higher ethnic identification had viewed OTD with more positive attitudes. The post hoc analysis revealed that the significant differences in attitudes toward OTD with high or low ethnic identification occurred in the condition with the Caucasian ethnic portrayal.

Looking closer at the means between the different ethnic portrayal conditions and ethnic identification groups in all three dependent measures reveals an interesting trend. In the Caucasian ethnic portrayal condition, the means for all three dependent variables were lower in the low ethnic identification group and higher in the high ethnic identification group. The means for intent to register and intent to discuss were all higher in the low ethnic identification group compared to the high ethnic identification group for the African-American and Hispanic test conditions except for the intent to discuss measure in the Hispanic group where the means were nearly the same. This suggests a possible interaction effect between ethnic identification and the ethnic portrayal in the message because of the means differing between the ethnic identification

groups and between the different ethnic portrayals. However, with only one significant difference occurring, I cannot say for certain that an interaction effect exists.

Another point of interest occurs in the attitudes toward OTD variable where the mean scores across all three ethnic portrayal conditions in the lower ethnic identification group were lower compared to the higher ethnic identification. This occurrence could be explained when taking into account the large number of participants that were already registered organ donors – an issue that will be discussed further in the limitations. It is likely that being a registered organ donor causes a person to have strong, positive views on OTD to begin with causing participants to have positive attitudes toward OTD even with different ethnic groups. The reason that attitudes are higher in the higher ethnic identification group compared to the lower ethnic identification group could be that those with strong attitudes to begin with have strong attitudes for all ethnicities.

The significant main effect of ethnic identification on the attitudes toward OTD runs contrary to the findings of O'Mally and Worrell (2014) where they did not find statistically significant attitude change after viewing an exemplar. Additionally, they did not find a statistically significant identification effect with the anthropomorphic agent. The main effect of ethnic identification on attitudes in this study showed that participants can have identification effects through their ethnic identification with the person in the photo in the OTD message. However, this comparison needs a note of caution because the study by O'Mally and Worrell (2014) measured identification by asking participants if they identified directly with the anthropomorphic agent, whereas the current study asked if they identified with their own ethnicity. An argument could be made that the participants in the current study did not directly identify with the person in the message, but rather identified with the ethnicity.

The discovery that non-donors have more knowledge about OTD on average than donors, highlighted in the supplementary results, needs further discussion. One would expect donors to have higher knowledge about OTD, since it is a large decision to be made with what happens to the body after passing away. Feeley and Servos (2005) found that knowledge was significantly correlated to the intention to donate. However, the majority of their sample (89%) was not comprised of organ donors. Additionally, they did not test to see the mean knowledge compared to donor status. Running a similar correlation comparison in the current study did not reveal a significantly positive correlation between intent to donate and knowledge about OTD, $r = .13$, $p = .06$. This coupled with stronger knowledge scores from non-donors points to the possibility that knowledge is not a strong factor in the decision to become an organ donor.

The practical implication of this study is highlighted by the lack of impact that the different ethnic portrayals have on Caucasian individuals. This provides evidence that organizations soliciting donor sign-ups can create Stories of Hope with donors or recipients from an ethnic minority while minimizing the impact to Caucasian donors. It is likely that seeing African-American and Hispanic individuals more frequently in Stories of Hope and other OTD solicitation media will not significantly decrease the likelihood of Caucasian people becoming donors, discussing OTD with family or friends, or having positive attitudes towards OTD. Running this study again in an area with a higher population of ethnic minorities could show whether more ethnic minorities in OTD solicitation stories will create a stronger intent to sign a donor registry for ethnic minorities.

The theoretical implications of this study come from the significant effect that ethnic identification has on attitudes. Additionally, the means for all three dependent variables in the Caucasian ethnic portrayal being lower in the low ethnic identification group than in the high

ethnic identification group point to evidence of behaviors and beliefs benefiting the in-group. This goes along with Trepte's (2006) claim that an individual will tend to act and believe in ways that benefit the group they have a stronger connection to and consider as their in-group. This has been seen as bias against other ethnicities in additional studies (Mastro, Behm-Morawitz, and Kopacz, 2008; Sierra, Hyman, and Torres, 2009). Absence of a significant difference between different conditions of the ethnic portrayal prevents us from saying that beliefs will be detrimental towards other ethnicities. Attitudes that are significantly positive towards the in-group but not significantly negative towards the out-group shows an active attitude towards the in-group and a possible indifference towards the out-group. An additional theoretical implication is seen in the means for intent to discuss OTD and intent to register in the African-American and Hispanic ethnic portrayal conditions. These means being generally higher in the low ethnic identification group and lower in the high ethnic identification group provides evidence for a lack of "sense of belonging" to the in-group (Phinney, & Ong, 2007, p. 272). This lack of adherence to one's own ethnic group has manifested itself in behaving and believing in ways that do not strongly benefit the in-group (Caucasians) and tend to benefit the out-group (African-American and Hispanic).

Limitations

The primary limitation of this study was that a majority of the participants were already organ donors – 150 (74.3%) compared to 32 (15.8%) that were non-donors and 20 (9.9%) that were unsure of their donor status. The existing donor status of so many participants likely skewed the means of intent to register to donate, willingness to discuss OTD, and attitude towards OTD. To further examine the impact of donor status, a univariate analysis of variation (ANOVA) was conducted on each dependent variable. It was found that donors were

significantly more likely to have higher attitudes towards OTD ($M = 6.10, SD = .83$) than non-donors ($M = 5.55, SD = .88$), $F(2, 199) = 5.51, p = .005$, partial $\eta^2 = .052$, higher willingness to discuss OTD ($M = 6.01, SD = 1.11$) than non-donors ($M = 4.95, SD = 1.15$), $F(2, 199) = 12.35, p = .000$, partial $\eta^2 = .110$, and higher intent to sign an organ registry card ($M = 6.17, SD = .96$) than non-donors ($M = 4.19, SD = 1.29$), $F(2, 199) = 50.26, p = .000$, partial $\eta^2 = .336$. This is evidence of a significant impact of donor status on the dependent variables. However, these results need to be interpreted with caution since the sizes of the test groups were not close to equal by acceptable standards.

A second limitation of this study was the lack of participants from different ethnicities to fully compare the effect of identification with similar or different ethnic portrayals in the message. After data was collected, there were only 19 participants that reported themselves as a different ethnicity than Caucasian, which is far less than the 202 Caucasian participants in the final analysis. However, this limitation was expected before the study's launch because of the general demographic breakdown of the university where data collection took place. Future studies will be conducted with participants from both Hispanic and African-American ethnicities.

A last limitation of this study has to do with the stimuli that were used. When examining the dependent variables with the majority of participants being current donors, intent to discuss could still have been affected by the stimuli. Participants could still be willing to discuss OTD with family and friends even if they are already organ donors. One reason the intent to discuss OTD was not significantly affected could have been a lack of a call to action for the viewers to talk to friends and family about OTD. This may have made the importance of discussing OTD more apparent to the participants.

Future Studies

This study is an introduction for further research into ethnic identification and ethnic portrayals in persuasive OTD messages. Future studies will need to take more care to study the effects of persuasive messages on the populations that they are intended to affect. Additionally, some of the previous research on organ donation were conducted before the development of social media platforms like Facebook and Twitter. It may be worthwhile to expand the dependent variables to look at intent surrounding social media. Would participants have the same intent to discuss OTD with friends over social media as they would in face-to-face conversations? Would they have higher behavioral intent to participate in campaigns to increase donor sign-ups?

Another avenue for future research on OTD behaviors and attitudes could look into the impact of educational status of the participants. In order to look at different levels of educational attainment, future studies will need to be conducted outside of a university. Will the educational attainment of a person affect how persuasive an OTD message will be? Will a person's education affect the knowledge they have about OTD? Will education be a moderator that regulates the effectiveness of ethnic portrayals in OTD persuasive messages?

Future studies that can expand on the impact of ethnic portrayals and ethnic identification could also do more to see the impact of mixed and Asian ethnicity individuals. Will participants identify with someone of an Asian ethnicity more or less than someone in their own ethnicity? If participants identify with an individual that is of the same ethnicity, will they also identify with someone that has an ethnic background that is partially similar? What would be the effects of high or low ethnic identification when met with the portrayal of a mixed ethnicity person. The most prominent issue that could be encountered with a mixed ethnicity person is whether or not

the participants are able to identify the different ethnic backgrounds of the person in the message and still identify with the person.

Conclusion

In conclusion, the current study showed that ethnic identification can impact the attitudes people have toward OTD. The amount that Caucasians identified with their own ethnic in-group had a strong influence on their attitudes toward OTD. Trends in the data also showed that the lower ethnic identification group had higher intent to discuss OTD and intent to donate than the high ethnic identification group. Even though this trend was not significant, it pointed to adherence to the theory of ethnic identification. Additionally, this trend coupled with the lower means across the dependent variables in the low ethnic identification condition and higher in the high ethnic identification condition only in the Caucasian ethnic portrayal condition points to a possible interaction effect between the ethnic portrayal and ethnic identification. The major limitation of the study coming from a participant pool that was a majority of organ donors can be easily corrected in future studies. Additionally, a comparison between participants of different ethnicities will greatly increase the ability to examine the potential effects and advance the theory of ethnic identification.

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APPENDIX A. PRE-QUESTIONNAIRE

Q1: What is your biological sex?

- Male
- 2.Female
- 3.Other

Q2: What is your age in years? _____

Q3: What group do you belong to?

- 1. White
- 2. Hispanic, Latino, or Spanish origin
- 3. Black or African American
- 4. American Indian or Alaska Native
- 5. Asian
- 6. Middle Eastern or North African
- 7. Native Hawaiian or Other Pacific Islander
- 8. Other, please specify _____

Q4: What is your religious affiliation?

- 1. Christian
- 2. Jewish
- 3. Muslim
- 4. Buddhist
- 5. Hindu
- 6. Atheist
- 7. Other, please specify _____

Q5: What is the highest level of education achieved by your parents?

1. Professional
2. Graduate or post graduate
3. Bachelors degree
4. Associates degree
5. High school diploma or GED
6. Some high school
7. No high school

Q6: What is the average yearly combined income in your family?

1. Below \$30,000
2. \$30,001 to \$60,000
3. \$60,001 to \$90,000
4. \$90,001 to \$120,000
5. \$120,001 to \$150,000
6. Above \$150,001
7. I am not sure.

Q7: Are you currently listed as a donor on an organ donor registry?

No(0) - I don't know for sure.(1) - Yes(2)

Q8: Please select the appropriate answer below each statement.

1. I know someone personally who has **received** an organ.

No(0) - Yes(1)

2. I know someone personally who is **awaiting** an organ.

No(0) - Yes(1)

3. I know someone personally who has **donated** an organ.

No(0) - Yes(1)

Q9: Please select the appropriate answer below each statement.

1. A person must carry a signed donor card giving permission before he/she can become an organ donor.

False(0) - True(1)

2. A person's next-of-kin must give permission before one can become an organ and tissue donor.

False(0) - True(1)

3. Most people who need an organ transplant receive one.

False(0) - True(1)

4. It is possible for a brain-dead person to recover from injuries.

False(0) - True(1)

5. People who choose to donate a family member's organs end up paying extra medical bills.

False(0) - True(1)

6. Given equal need, a poor person has as good a chance as a wealthy person of getting an organ transplant.

False(0) - True(1)

7. Organs for transplant can be bought and sold on the black market in the United States.

False(0) - True(1)

8. It is possible to have a regular funeral service following organ donation.

False(0) - True(1)

9. There exists a state organ and tissue registry that allows people to declare their intent to donate organs and tissue.

False(0) - True(1)

Q10: Please select the appropriate number on the scale below each statement.

1. I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

2. I am active in organizations or social groups that include mostly members of my own ethnic group.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

3. I have a clear sense of my ethnic background and what it means for me.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

4. I think a lot about how my life will be affected by my ethnic group membership.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

5. I am happy that I am a member of the group I belong to.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

6. I have a strong sense of belonging to my own ethnic group.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

7. I understand pretty well what my ethnic group membership means to me.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

8. In order to learn more about my ethnic background, I have often talked to other people about my ethnic group.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

9. I have a lot of pride in my ethnic group.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

10. I participate in cultural practices of my own ethnic group, such as special food, music,
or customs.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

11. I feel a strong attachment towards my own ethnic group.


Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree


12. I feel good about my cultural or ethnic background.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

APPENDIX B. STIMULI

African-American Condition

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*Lisa Martin, 19
African-American
Saved by kidney transplant*

You can help save lives like Lisa's.
Become an Organ Donor today.

On a bright fall morning, just one month into her sophomore year of college, Lisa Martin, a charismatic African-American 19-year-old, was walking out of class and to a meeting of the school's African-American student organization. Suddenly, she began sweating excessively, running out of breath easily and feeling even more tired than usual. A trip to the ER confirmed her worst fears—Lisa's kidneys were failing, and she needed a new kidney to live. She was immediately placed on the national organ transplant waiting list.

While waiting, Lisa began worrying about not seeing her family in the south United States ever again.

Fortunately, Lisa did not have to wait long. Three weeks after being placed on the waiting list, the perfect match was donated, and Lisa got her new kidney.


Lisa's transplant immediately improved her health. Her newfound energy enabled her to finish college and her experience has inspired her to give back. Lisa is an active member of her African-American community, and she just completed her studies to become a paramedic. Her donor made it possible for her to help those in need. She honors the generosity of her donor by living each day to the fullest.


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Caucasian Condition

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*Lisa Martin, 19
Caucasian
Saved by kidney transplant*

You can help save lives like Lisa's.
Become an Organ Donor today.

On a bright fall morning, just one month into her sophomore year of college, Lisa Martin, a charismatic Caucasian 19-year-old, was walking out of class and to a meeting of the school's Scandinavian heritage club. Suddenly, she began sweating excessively, running out of breath easily and feeling even more tired than usual. A trip to the ER confirmed her worst fears—Lisa's kidneys were failing, and she needed a new kidney to live. She was immediately placed on the national organ transplant waiting list.

While waiting, Lisa began worrying about not seeing her family in the south United States ever again.

Fortunately, Lisa did not have to wait long. Three weeks after being placed on the waiting list, the perfect match was donated, and Lisa got her new kidney.


Lisa's transplant immediately improved her health. Her newfound energy enabled her to finish college and her experience has inspired her to give back. Lisa is an active member of her Scandinavian cultural community, and she just completed her studies to become a paramedic. Her donor made it possible for her to help those in need. She honors the generosity of her donor by living each day to the fullest.

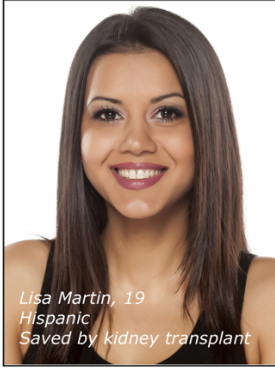
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Hispanic Condition

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*Lisa Martin, 19
Hispanic
Saved by kidney transplant*

On a bright fall morning, just one month into her sophomore year of college, Lisa Martin, a charismatic Hispanic 19-year-old, was walking out of class and to a meeting of the school's Hispanic student organization. Suddenly, she began sweating excessively, running out of breath easily and feeling even more tired than usual. A trip to the ER confirmed her worst fears—Lisa's kidneys were failing, and she needed a new kidney to live. She was immediately placed on the national organ transplant waiting list.

While waiting, Lisa began worrying about not seeing her family in the south United States ever again.




Fortunately, Lisa did not have to wait long. Three weeks after being placed on the waiting list, the perfect match was donated, and Lisa got her new kidney.

Lisa's transplant immediately improved her health. Her newfound energy enabled her to finish college and her experience has inspired her to give back. Lisa is an active member of her Hispanic community, and she just completed her studies to become a paramedic. Her donor made it possible for her to help those in need. She honors the generosity of her donor by living each day to the fullest.

You can help save lives like Lisa's.


Become an Organ Donor today.


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Visit donatelifelife.net for more information.

Control Condition

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*Kayla, Lisa, Ariana
Saved by kidney transplants*

In the beginning of their sophomore year and attending different colleges across the United States, Kayla, Lisa, and Ariana, were walking out of class and on their way to a school club when they each knew that something was wrong. They began sweating excessively, running out of breath, and feeling even more tired than usual. A trip to the ER confirmed their worst fears—their kidneys were failing, and each needed a new kidney to live. They were immediately placed on the national organ transplant waiting list.




Fortunately, Kayla, Lisa, and Ariana did not have to wait long. They each received a new kidney within six months. Within six months after being placed on the waiting list, the perfect match for each was donated.

The transplants improved their health and changed their outlooks on life. With her newfound energy, Kayla finished college and was inspired to give back through her service in a local non-profit. Lisa went on to become a paramedic. Following school, Ariana went on to become a nurse. Their donors made it possible for them to help those in need. They honor the generosity of their donors by living each day to the fullest.

You can help save lives.

Become an Organ Donor today.

Connect with us



Visit donatelifelife.net for more information.

APPENDIX C. POST-QUESTIONNAIRE

Q12: How did the story or information you just read make you feel?

None of this feeling ----- A great deal of this feeling

Surprised

1 2 3 4 5 6 7

Fearful

1 2 3 4 5 6 7

Confident

1 2 3 4 5 6 7

Sad

1 2 3 4 5 6 7

Excited

1 2 3 4 5 6 7

Happy

1 2 3 4 5 6 7

Q13: Please select the appropriate number on the scale below each statement.

1. It is important for people to declare their intentions to donate by signing an organ and tissue card.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

2. I view organ donation as a negative procedure.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

3. I support the idea of organ donation for transplantation purposes.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

4. I believe that organ donation is an act of compassion.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

5. I believe that organ donation is an unselfish act.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

6. I view organ donation as a natural way to prolong life.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

7. I view organ donation as a benefit to humanity.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

Q14: Please select the appropriate number on the scale below each statement.

1. I have considered the possibility of becoming an organ donor.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

2. At some time in the future, I plan to sign an organ donor card.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

3. I have been meaning to sign an organ donor card or enroll in the Organ and Tissue

Donor Registry in my home state.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

4. I do not intend to sign an organ card or enroll in the Organ and Tissue Donor Registry

in my home state.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

Q15: Please select the appropriate number on the scale below each statement.

1. I am willing to ask a family member to witness my signature on my organ donor card.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

2. I know how to talk to my family about my decision to be (or not to be) an organ donor.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

3. I am willing to speak to my family about my decision to become (or not become) an organ donor.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

4. I am willing to discuss my decision to be (or not to be) an organ donor with my friends.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

Q16: Please complete the following statement.

The picture in the message features a _____ female?

1. White
2. Hispanic (non-White)
3. Black or African American